

9506 4th Ave. NE #101
 Lake Stevens, WA 98258
 Phone: 425-334-6361 • Fax: 425-334-5645

A Full Report Will Be Provided if No Box is Checked			<input type="checkbox"/> LEASE	<input type="checkbox"/> MONTH TO MONTH
<input type="checkbox"/> Full Report	<input type="checkbox"/> Credit/Courts	<input type="checkbox"/> Credit Only		
Screening Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	UNIT #:	RENTAL PAYMENT:
MANAGER /RENTAL AGENT NAME:			PROPERTY ADDRESS (if different from above):	
			MOVE IN DATE:	

CREDIT/DEBIT CARD PAYMENT FOR THIS TENANT SCREENING REPORT (NON-REFUNDABLE)

I authorize Alliance 2020 to charge my MC Visa for the cost* of this report. Card No. _____
 Exp. 3 Digit. Billing Full Name On Cardholder
 Date ___ CVS Code ___ Zip Code ___ Credit Card _____ Signature _____

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN SPOUSE WITH SAME LAST NAME VISUAL PROOF OF DRIVER'S LICENSE/OR STATE ID PROVIDED: YES NO

APPLICANT INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	DATE OF BIRTH:
DRIVER'S LICENSE #:	ISSUED FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	CELL PHONE:	E-MAIL:
ADDRESS SHOWN ON DRIVER'S LICENSE:		CITY:	STATE:	ZIP CODE:

SPOUSE INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	DATE OF BIRTH:
DRIVER'S LICENSE #:	ISSUED FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	CELL PHONE:	E-MAIL:
ADDRESS SHOWN ON DRIVER'S LICENSE:		CITY:	STATE:	ZIP CODE:

APPLICANT AND SPOUSE RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

PRESENT ADDRESS:	APT #:	CITY:	STATE:	ZIP:
DO YOU ... <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVES <input type="checkbox"/> SCHOOL DORMITORY <input type="checkbox"/> OTHER _____				
YOUR AREA CODE + PHONE #: ()	MONTHLY PAYMENT AMT: \$	HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?	FROM:	DATES: TO:
CURRENT APT/MORTGAGE OR LANDLORD NAME:	CITY:	STATE:	DAYTIME LANDLORD PHONE #: ()	EVENING LANDLORD PHONE #: ()
REASON FOR MOVING:				
PREVIOUS ADDRESS:	APT #:	CITY:	STATE:	ZIP:
DID YOU ... <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVES <input type="checkbox"/> SCHOOL DORMITORY <input type="checkbox"/> OTHER _____				
PERVIOUS APT/MORTGAGE OR LANDLORD NAME:	PREVIOUS LANDLORD PHONE #: ()	MONTHLY PAYMENT AMT: \$	HOW LONG AT YOUR PREVIOUS ADDRESS?	FROM: DATES: TO:
REASON FOR MOVING:		CITY:	STATE:	

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #: ()
POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY: \$	EMPLOYMENT DATES: FROM: TO:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #: ()
POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY: \$	EMPLOYMENT DATES: FROM: TO:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED

SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #: ()
POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY: \$	EMPLOYMENT DATES: FROM: TO:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #: ()
POSITION	SUPERVISOR'S NAME:	MONTHLY SALARY: \$	EMPLOYMENT DATES: FROM: TO:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED



When this Page is Filled Out, Please Initial Here _____ and Fill Out and Sign Page 2 of this Application.

PAGE 2 OF A 2 PAGE RENTAL APPLICATION
 IMPACT PROPERTY MANAGEMENT

Tenant Screening By:



Telephone (425) 271-8065 (425) 227-9246
 Fax 1-800-289-8065 1-800-289-9246

APPLICANT INFORMATION — PLEASE PROVIDE THIS INFORMATION AGAIN TO IDENTIFY YOUR APPLICATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	CELL PHONE:
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LIST ALL OTHER PROPOSED OCCUPANTS.

NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:		
NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:		
CAR MAKE:	YEAR:	MODEL:	LICENSE #:	CAR MAKE:	YEAR:	MODEL:	LICENSE #:
NAME OF NEAREST RELATIVE:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:		
EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:		
ADDITIONAL INCOME: APPLICANT \$	SOURCE	ADDITIONAL INCOME: SPOUSE \$	SOURCE				
WILL YOU HAVE PETS LIVING IN THE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES LIST PET TYPES:	DO YOU HAVE RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF APT/LANDLORD:	CITY:	STATE:	ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF OFFENSE:	COUNTY:	STATE:				

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT

I/we understand I/we acquire no rights in an apartment or subject property until I/we sign this agreement and submit a deposit (holding fee)** in the amount of indicagted above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at _____.

I/we hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I/we do not choose to enter into the agreement applied for herein; in the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance 2020 of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. This information is provided to the landlord based upon your written request. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquires to Alliance 2020, P.O. Box 4248, Renton, WA 98057.

I/we certify that to the best of my/our knowledge all statements made herein are true and correct. I/we authorize Alliance 2020 to obtain such credit reports, character reports, verification of rental and employment history as it deems is necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned landlord. I/we further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Signed _____	Signed _____	Dated _____
Applicant	Applicant	
Signed _____	Signed _____	Dated _____
Landlord	Landlord	

Equal Housing Opportunity
 Rev. 11-09 whw

