

WPI REAL ESTATE SERVICES

Tenant Screening
Provided By:



Telephone
(425) 271-8065
1-800-289-8065

	9500 Roosevelt Way NE, Ste 100 • Seattle, WA 98115 206/522-8172 • 206/522-0725 (Fax)	<input type="checkbox"/> Full Tenant Screening	<input type="checkbox"/> LEASE	<input type="checkbox"/> MONTH TO MONTH
		<input type="checkbox"/> Credit and Courts	UNIT #:	RENTAL PAYMENT:
MANAGER /RENTAL AGENT NAME:		PROPERTY ADDRESS (if different from above):		MOVE IN DATE:

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

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. #:
DRIVER'S LICENSE #:	ISSUED DATE FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	DATE OF BIRTH:
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. #:
DRIVER'S LICENSE #:	ISSUED DATE FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	DATE OF BIRTH:
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:
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				
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.

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

LIST ALL OTHER PROPOSED OCCUPANTS.

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 #: ()		
ADDRESS SHOWN ON CHECKING ACCT:	CITY:	STATE:	ZIP:	AMT. OF DEPOSIT FOR APT. \$			
BANK OR SAVINGS & LOAN CO.:	CITY:	STATE:	PHONE #: ()	ACCT #			
ADDITIONAL INCOME: APPLICANT \$	SPOUSE \$	CITY:					

WILL YOU HAVE PETS LIVING IN THE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST PET TYPES:	WILL YOU HAVE A WATERBED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE WATERBED INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EVICTED OR LEFT A LANDLORD OWNING MONEY?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF APT/LANDLORD:	CITY:	STATE:	ARE YOU A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF OFFENSE:	COUNTY:	STATE:	IS ANYONE IN YOUR HOUSEHOLD A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

I understand I acquire no rights in an apartment or subject property until I sign this agreement and submit a holding fee in the amount of \$ _____. Upon approval of this and the signing of a rental agreement, this fee will be credited against my deposit and/or my first month's rent in consideration for landlord holding said apartment or subject property at _____. I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I 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.

NON-REFUNDABLE APPLICATION FEE \$ _____
In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance Credit Services, Inc. (dba 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. 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