



3050 15th Ave W
Seattle, WA 98119
Phone: 206-285-2352
Fax: 206-284-9255

APP285

Tenant Screening By: **Alliance** 2020 insight is better than hindsight
Telephone (425) 271-8065 (425) 227-9246
Fax 1-800-289-8065 1-800-289-9246

A Full Report Will Be Provided If No Box is Checked
 Full Report Credit/Courts Credit Only
 LEASE MONTH TO MONTH
 Screening Status Single Married
 UNIT #: _____ RENTAL PAYMENT: _____
 MOVE IN DATE: _____

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 ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER _____
 YOUR AREA CODE + PHONE #: _____ MONTHLY PAYMENT AMT. \$ _____ HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? DATES: FROM: _____ TO: _____
 CURRENT APT/MORTGAGE OR LANDLORD NAME: _____ CITY: _____ STATE: _____ DAYTIME LANDLORD PHONE #: _____ EVENING LANDLORD PHONE #: _____
 REASON FOR MOVING: _____ LANDLORD FAX #: _____ LANDLORD EMAIL: _____
 PREVIOUS ADDRESS: _____ APT #: _____ CITY: _____ STATE: _____ ZIP: _____
 DID YOU ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER _____
 PREVIOUS APT/MORTGAGE OR LANDLORD NAME: _____ PREVIOUS LANDLORD PHONE #: _____ MONTHLY PAYMENT AMT. \$ _____ HOW LONG AT YOUR PREVIOUS ADDRESS? DATES: FROM: _____ TO: _____
 REASON FOR MOVING: _____ CITY: _____ STATE: _____ LANDLORD PHONE #: _____ LANDLORD EMAIL: _____

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: _____ FULL TIME TEMPORARY
 PART TIME SELF-EMPLOYED
 PREVIOUS/ADDITIONAL EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____
 POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY
 PART TIME 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: _____ FULL TIME TEMPORARY
 PART TIME SELF-EMPLOYED
 PREVIOUS/ADDITIONAL EMPLOYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ AREA CODE + PHONE #: _____
 POSITION: _____ SUPERVISOR'S NAME: _____ MONTHLY SALARY: \$ _____ EMPLOYMENT DATES: FROM: _____ TO: _____ FULL TIME TEMPORARY
 PART TIME SELF-EMPLOYED

PAGE 1 OF A 2 PAGE RENTAL APPLICATION



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

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				
DO YOU SMOKE TOBACCO? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A MEDICAL MARIJUANA CARD THAT WOULD LEGALLY ALLOW YOU TO: <input type="checkbox"/> GROW <input type="checkbox"/> SMOKE <input type="checkbox"/> EAT <input type="checkbox"/> VAPORIZE <input type="checkbox"/> I HAVE NO CARD			WILL ANY OCCUPANT OR GUEST HAVE THE NEED TO ALLOW THE USAGE OF MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WILL THERE BE ANY ANIMALS ON THE PREMISES PERMANENTLY OR VISITING, DURING THE TENANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST:	TYPE OF PET	BREED	AGE	WEIGHT		

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:	DO YOU HAVE RENTER'S INSURANCE? <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:	ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, TYPE OF OFFENSE:	COUNTY:	STATE:	

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT

**AMT. OF DEPOSIT FOR UNIT/PROPERTY \$	*COST OF THIS REPORT (NON-REFUNDABLE) \$
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By signing below, you understand that the agent listed will be working with you as a customer on a non-representative basis because he/she is an agent of the owner of this property and therefore cannot represent both parties. He/she will, however, work with you with the professional and ethical manners outlined in Section 3 of the "Law of Real Estate Agency" pamphlet. Any change to this relationship must be made in writing; without it we will continue our current status.

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. 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, and verification of rental and employment histories 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 _____ Applicant	Signed _____ Applicant	Dated _____
Signed _____ Landlord	Signed _____ Landlord	Dated _____

