

# RENTAL SCREENING APPLICATION



521 W. Maxwell Ave. Spokane WA 99201  
 Customer Service : 509 324-1249 • 1 800 304-1249  
 Fax: 509 324-1240 • 1 800 845-7435

TenantScreening@ACRANet.com • www.ACRANET.com

### TYPE OF REPORT

- FULL CONSUMER
- QUICK CHECK
- CO-SIGNER (Credit Only)
- COMPREHENSIVE
- OTHER \_\_\_\_\_

MEMBER ACCOUNT # \_\_\_\_\_

DATE OF APP: \_\_\_\_\_

RENT \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**\*\*INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING\*\***

| PROPERTY INFORMATION   |                            |   |                  |                                |
|--|----------------------------|---|------------------|--------------------------------|
| MGMT COMPANY   | COMPLEX NAME/ADDRESS       | REQUESTING AGENT  | PHONE#           | FAX#                           |
| MOVE IN:   | MOVE OUT:                  | DEPOSIT:  | PET DEPOSIT:     | STUDENT ID#                    |
| APPLICANT INFORMATION  |                            |   |                  |                                |
| APPLICANT IS: <input type="checkbox"/> APPLYING ALONE<br><input type="checkbox"/> HAS CO-APPLICANTS                    |                            | CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION, UNLESS MARRIED)<br>1. _____<br>2. _____<br>3. _____ |                  | RELATIONSHIP<br>_____<br>_____ |
| APPLICANT LAST NAME  |                            | FIRST NAME  | MIDDLE/SUFFIX    | SOCIAL SECURITY #              |
| DRIVERS LICENSE #  | STATE                      | DATE OF BIRTH (MM/DD/YYYY)  | EMAIL ADDRESS:   | PHONE #                        |
| SPOUSE'S LAST NAME   |                            | FIRST NAME  | MIDDLE/SUFFIX    | SOCIAL SECURITY #              |
| TOTAL GROSS MONTHLY INCOME<br>\$ (include all sources)   | SPOUSE'S DRIVERS LICENSE # | SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)   | SPOUSE'S PHONE # |                                |
| SPOUSE'S EMAIL ADDRESS:  |                            | OTHER NAMES USED FOR EITHER APPLICANTS:   |                  |                                |
| CURRENT RESIDENCE  |                            |   |                  |                                |
| (1) PRESENT STREET ADDRESS   |                            | APT #   | CITY             | STATE ZIP                      |
| TYPE OF RESIDENCE<br><input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND |                            | LANDLORD NAME   | PHONE            | FAX                            |
| MONTHLY RENT<br>\$   | MOVE-IN DATE               | MOVE-OUT DATE   | EMAIL            |                                |
| PREVIOUS RESIDENCE   |                            |   |                  |                                |
| (2) PREVIOUS STREET ADDRESS  |                            | APT #   | CITY             | STATE ZIP                      |
| TYPE OF RESIDENCE<br><input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND |                            | LANDLORD NAME   | PHONE            | FAX                            |
| MONTHLY RENT<br>\$   | MOVE-IN DATE               | MOVE-OUT DATE   | EMAIL            |                                |
| (3) PREVIOUS STREET ADDRESS  |                            | APT #   | CITY             | STATE ZIP                      |
| TYPE OF RESIDENCE<br><input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND |                            | LANDLORD NAME   | PHONE            | FAX                            |
| MONTHLY RENT<br>\$   | MOVE-IN DATE               | MOVE-OUT DATE   | EMAIL            |                                |

| EMERGENCY CONTACT INFORMATION   |                            |  |  |
|---|----------------------------|--|--|
| NAME OF CONTACT   | ADDRESS                    | RELATIONSHIP   | PHONE  |
| ADDITIONAL OCCUPANTS  |                            |  |  |
| Do you have any dependents that will be living at the property?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                            | LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS  |  |
| EMPLOYMENT HISTORY  |                            |  |  |
| PRESENT EMPLOYER  | CITY                       | STATE  | POSITION/TITLE   |
| SUPERVISOR NAME   | GROSS MONTHLY SALARY<br>\$ | START DATE   | END DATE   |
| SPOUSE'S CURRENT EMPLOYER   | CITY                       | STATE  | POSITION/TITLE   |
| SUPERVISOR NAME   | GROSS MONTHLY SALARY<br>\$ | START DATE   | END DATE   |
| ADDITIONAL INCOME <small>Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such income is to be included in consideration for qualification.</small> |                            |  |  |
| AMOUNT OF ADDITIONAL INCOME<br>\$   | FREQUENCY                  | SOURCE   |  |
| MISCELLANEOUS INFORMATION   |                            |  |  |
| Do you have any pets?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | If Yes, (Please Explain):  |  | LIST PET TYPES AND BREEDS  |
| CRIMINAL HISTORY  |                            |  |  |
| Have you ever been convicted of any crime?<br><input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)  |                            | What level was the offense?<br><input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation | COURT LOCATION:  |
| EVICTION HISTORY  |                            |  |  |
| Have you ever been evicted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | DATE                       | Have you ever filed for Bankruptcy?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | Do you request a reasonable accommodation?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| VEHICLE INFORMATION   |                            |  |  |
| MAKE AND MODEL  | COLOR                      | YEAR   | LICENSE PLATE NUMBER & STATE   |

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRANet. Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of \$\_\_\_\_\_ single cosigner

\$\_\_\_\_\_ married cosigner \$\_\_\_\_\_ single applicant \$\_\_\_\_\_ married applicant will be paid to the landlord/agent at the time of application is submitted.

Applicant's Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRANET is for the purpose of evaluating the applicant's residency and no other purpose.



Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

| BILLING INFORMATION   |                    |             |            |               |
|---|--------------------|-------------|------------|---------------|
| CARD TYPE<br><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD  | TOTAL AMOUNT<br>\$ | CARD NUMBER | EXP. DATE  | SECURITY CODE |
| NAME ON CARD  | BILLING ADDRESS    | APT #       | CITY       | STATE ZIP     |
| My signature below authorizes ACRANET, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement. |                    |             |            |               |
| Signature _____   |                    |             | Date _____ |               |