



# RESIDENT SCREENING SERVICES

P.O. BOX 2706, LYNNWOOD, WA 98036

PHONE (425) 275-5360

FAX (425) 776-8217

**Rental office must complete prior to processing:**

Bldg. Name _____	Bldg. # _____	
Bldg. Application # _____	Accepted By _____	
Method of Payment _____	Check # _____	
Apt. # _____	Rent \$ _____	ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Move-In Date _____	Concession \$ _____	

## STANDARD CRITERIA

This apartment community provides an equal housing opportunity for all people. Criteria to qualify for residency includes:

- Proof of identification
- Gross income of at least 3 times the amount of rent (unless specified by property).
- Verification of employment (minimum 1 year at present employer or consistent trade or occupation).
- Verification of positive, current rental history (minimum 1 year rental, home ownership, or military residence).
- Positive credit history (minimum 1 year responsible credit use and current payments).



Upon investigation and verification of the information provided, Resident Screening Services will make a recommendation regarding an approval or denial of residency. Instant approval is based on Transrisk score of 680 or higher (unless specified by property) and no disqualifying criminal convictions found on name provided and other denying factors. In the event that a majority, but not all, of the requirements above are met, an approval conditioned upon one of the following may be made: a) First and Last Month's Rent; b) Qualified Roommate; c) Co-Signer Agreement (Cosigners must be approved unconditionally to qualify); and/or d) Additional Security Deposit.

- One Applicant     
  Co-Applicant     
  Co-Signer     
  Add-On Roommate     
  Corporate Application

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Additional Names Used (first, middle, or last name) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Name(s) of Additional Occupants \_\_\_\_\_ Email Address \_\_\_\_\_

DO YOU HAVE: Pets?  Yes  No Pet Size & Type \_\_\_\_\_ Waterbed?  Yes  No Waterbed Insurance?  Yes  No

HAVE YOU EVER BEEN EVICTED?  Yes  No - If Yes, please explain: \_\_\_\_\_

HAVE YOU EVER DECLARED BANKRUPTCY?  Yes  No - If Yes, has it been discharged?  Yes  No \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  Yes  No - If Yes, please explain: \_\_\_\_\_

ARE YOU PARTICIPATING IN THE SECTION 8 PROGRAM?  Yes  No If Yes, please attach voucher or certificate Section 8 Rent Responsibility \$ \_\_\_\_\_

### RESIDENCE INFORMATION

Current Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. Community (House) \_\_\_\_\_

Owner/Mgr. (Contact) \_\_\_\_\_ Mgr. Phone Number \_\_\_\_\_ From : (mo/yr) To : \_\_\_\_\_ Payment to: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. Community (House) \_\_\_\_\_

Owner/Mgr. (Contact) \_\_\_\_\_ Mgr. Phone Number \_\_\_\_\_ From : (mo/yr) To : \_\_\_\_\_ Payment to: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer _____	Position _____	Contact Name (H/R, Payroll, or Supervisor) _____	Phone Number _____
Address _____	City _____ State _____	Zip _____ From : (mo/yr) To : _____	Monthly Salary \$ _____
Previous Employer _____	Position _____	Contact Name (H/R, Payroll, or Supervisor) _____	Phone Number _____
Address _____	City _____ State _____	Zip _____ From : (mo/yr) To : _____	Monthly Salary \$ _____
Additional Income _____	Source(s) _____		

**CREDIT INFORMATION**

Auto #1 (Color, Make, & Model) _____	License Plate # _____ State _____	Car Payment Made To: _____	Monthly Payment \$ _____
Auto # 2 (Color, Make, & Model) _____	License Plate # _____ State _____	Car Payment Made To: _____	Monthly Payment \$ _____
Bank , Credit Union, or Savings & Loan _____	Branch _____	Checking Account # _____	Phone Number _____
Loans & Credit Accounts _____	Total \$ Debt _____	Account # _____	Monthly Payment \$ _____

**ADDITIONAL INFORMATION**

Applicant's Nearest Relative _____	Relationship _____	Address _____	Phone Number _____
Emergency Contact _____	Relationship _____	Address _____	Phone Number _____
Personal Reference _____	Relationship _____	Address _____	Phone Number _____

I agree to pay Resident Screening Services a non-refundable application fee in the amount of \$\_\_\_\_\_ which is earned upon the submission and receipt of this application. I understand I will be charged an additional fee of \$\_\_\_\_\_ (\*See NSF Schedule below) if my check is returned from the bank for any reason. I understand I acquire no rights in an apartment until I sign a rental agreement and submit a holding fee in the amount of \$\_\_\_\_\_. If my tenancy is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my tenancy is approved but I DO NOT sign an apartment rental agreement, this fee shall be forfeited to the landlord as liquidated damages for holding an apartment off the market at \_\_\_\_\_. If my tenancy is not approved, this fee shall be returned to me. The applicants copy of this application will serve as a receipt of payment for the screening charge collected. I authorize and direct Resident Screening Services to obtain such credit reports, character reports, verification of rental and employment history as it deems necessary to verify all information set forth in the above application. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

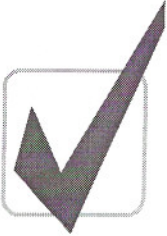
In accordance with State and Federal laws, you are hereby notified that an investigation may be made of the information you provided on this application together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information obtained from the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of this investigation and/or a written summary of your rights under the WA Fair Credit Reporting Act. Direct all inquiries to: Resident Screening Services - Consumer Interview P.O. Box 2706 Lynnwood, WA 98036 Phone (425) 275-5360 / Fax (425) 776-8217.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

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

(RSS-STD-007)  
(Rev. 3/07)



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## Resident Screening Services Disclosure Form

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Applicant's Signature \_\_\_\_\_

\*Printed Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Building Number: \_\_\_\_\_ \*Credit Systems Application Number: \_\_\_\_\_

\*Please print legibly and clearly