

# 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 <input type="checkbox"/> HAS CO-APPLICANTS	CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION, UNLESS MARRIED) 1. _____ 2. _____	RELATIONSHIP _____ _____		
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 \$ (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 <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	

### PREVIOUS RESIDENCE

(2) PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
(3) PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	

**EMERGENCY CONTACT INFORMATION**

NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE
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**ADDITIONAL OCCUPANTS**

Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS
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**EMPLOYMENT HISTORY**

PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE	PHONE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE	
SPOUSE'S CURRENT EMPLOYER	CITY	STATE	POSITION/TITLE	PHONE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE	

**ADDITIONAL INCOME** *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.*

AMOUNT OF ADDITIONAL INCOME \$	FREQUENCY	SOURCE
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**MISCELLANEOUS INFORMATION**

Do you have any Service/Support Animals? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, (Please Explain):	LIST PET TYPES AND BREEDS
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**CRIMINAL HISTORY**

Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)	What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	COURT LOCATION:
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**EVICITION HISTORY**

Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you request a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**VEHICLE INFORMATION**

MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE
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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 ACRA.net.

Applicant/Co-applicant understand that there is a NON-REFUNDABLE APPLICATION FEE of \$ 50.00 per person, regardless of marital status.

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 ACRA.NET 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 <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	TOTAL AMOUNT \$	CARD NUMBER	EXP. DATE	SECURITY CODE
NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE
				ZIP

My signature below authorizes ACRA.NET, 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 \_\_\_\_\_