

Check each one which applies:

Criminal/Civil & Eviction Report \$28.00

Full Credit Report/Criminal/Civil & Eviction Report \$33.00

Rental History/Employment Verification \$17.00

How would you like your completed report returned to you? ☐ Fax ☐ Email ☐ Call Me

Owner/Management Company Name: _____

Address of Rental Property: _____ Unit No.: _____ Rent Amount \$: _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

SSN No.: _____ DL /ID No.: _____ State Issued: _____

Date of Birth: _____ Work No.: _____ Home/Cell No.: _____

Email Address: _____
(required for landlord to obtain consumer credit report)

Street: _____ Apt No.: _____ City: _____ State: _____ Zip: _____

Date Move In: _____ Rent Amt. \$: _____ ☐ Own ☐ Rent ☐ Lease Option

Landlord/Management Co.: _____ Phone: _____

Have you ever used any other name? ☐ Yes ☐ No If yes, name(s): _____ What year(s): _____

Pets? ☐ Yes ☐ No If yes, number, size and type(s): _____

Do you require special accommodation under the Fair Housing Act?: _____

Are you a full time student? ☐ Yes ☐ No Are you a military service member? ☐ Yes ☐ No If yes, what branch: _____

Are you a dependant of a military service member? ☐ Yes ☐ No If yes, name: _____

Relationship: _____ Branch: _____ Base Name: _____

Do you have a concealed weapons permit? ☐ Yes ☐ No Do you or any other occupant smoke? ☐ Yes ☐ No

Current Employer: _____ Phone: _____

Occupation: _____ Rank/Dept: _____ Supervisor: _____

Hire Date: _____ Monthly/Hr Salary \$: _____ ☐ Full Time ☐ Part Time Hours per week: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Employer: _____ Phone: _____

Occupation: _____ Rank/Dept: _____ Supervisor: _____

Hire Date: _____ Monthly/Hr Salary \$: _____ ☐ Full Time ☐ Part Time Hours per week: _____

Address: _____ City: _____ State: _____ Zip: _____

End Date: _____ Reason for leaving: _____

PREVIOUS ADDRESS ONE

Street: _____ Apt No.: _____ City: _____ State: _____ Zip: _____

How Long (M/D/Y) From: _____ To: _____ Rent Amt. \$: _____ ☐ Own ☐ Rent ☐ Lease Option

Landlord/Management Co.: _____ Phone: _____

PREVIOUS ADDRESS TWO

Use separate sheet of paper for previous addresses up to 10 years.

Street: _____ Apt No.: _____ City: _____ State: _____ Zip: _____

How Long (M/D/Y) From: _____ To: _____ Rent Amt. \$: _____ Own Rent Lease Option

Landlord/Management Co.: _____ Phone: _____

Auto/Year/Make/Lic. No. 1): _____ 2) _____

Other Occupant's Name, Age & Relationship: _____

Local Contact: _____ Address: _____ Phone: _____

Nearest Relative: _____ Address: _____ Phone: _____

Please list any States in which you have resided in the last 10 years: _____

CREDIT HISTORY

Additional Income (Interest, Child Support, Etc.): _____

Bank: _____ Account No.: _____ Branch: _____ Phone: _____

Have you ever refused to pay rent? Yes No If yes, why: _____

Have you ever been served with any notices? Yes No When? _____ What County? _____

Do you currently have accounts in collections? Yes No If yes, what for (utility bills, cable, medical etc.) _____

Company _____

Have you ever been evicted? Yes No If yes, when: _____ What State & County: _____

Property Address: _____

Do you have a car loan? Yes No If yes, car Make/Model: _____

Lien Holder: _____ Monthly Payment \$: _____

Have you ever filed bankruptcy? Yes No What year?: _____

CRIMINAL HISTORY

Have you ever been arrested? Yes No If yes, County/State: _____

Have you or any other occupant ever been convicted of a crime (non traffic) Yes No If yes, County/State: _____

Have you ever been convicted of a felony? Yes No If yes, what year: _____

Have you ever been convicted of any drug related criminal activity? Yes No If yes, what year: _____ County/State: _____

SCREENING FEES ARE NON-REFUNDABLE. I understand that I acquire no rights in a property or unit until I sign this agreement and submit a HOLDING FEE in the amount of \$ _____. Said holding fee shall be held in accordance to the signed holding fee agreement and/or signed rental/lease agreement for the property or unit at _____. In compliance with the FCRA (Fair Credit Reporting Act) and Federal and State laws, you are informed that LandlordSolutions, Inc. will be doing an investigation into the information you have provided in this application into your character, mode of living, employment history, rental history and general reputation. I authorize LandlordSolutions, Inc. to obtain credit reports, rental history verification and references, employment verification, character references and banking and credit account verification. Any consumer reports obtained by LandlordSolutions, Inc., on behalf of our client, in connection with this application, are for the sole purpose of investigation into this application. I further understand that inaccurate, fraudulent, false and/or misleading information may result in denial of tenancy or eviction. An INCOMPLETE application may result in delay of processing and/or denial of tenancy.

You have the right to dispute the accuracy of the information reported and upon written request a written summary of your rights under the FCRA. Direct all inquiries to LandlordSolutions, Inc. 2201 North 30th Street, Tacoma, WA 98403, ATTN: Tenant Screening.

Applicant's Signature: _____ Date: _____

THE PROPERTY OWNER OR MANAGER IS RESPONSIBLE FOR THE DECISION TO LEASE/RENT