

OFFICE USE ONLY:

Address: _____

Deposit Paid \$_____ Screening Fee Paid \$_____

Date Received _____ Receipt # _____

Screening company: LSI Alliance Other**RENTAL APPLICATION**

Note: Co-Applicants that do not share the same address/rental history need to complete separate forms.

Applicant's Name:	Co-Applicant's Name:
E-mail Address:	E-mail Address:
Cell phone: ())	Cell Phone: ())

List all people that plan to reside with the above applicants — Note: guests may only stay a total of 20 days per calendar year. Anyone listed age 18 or over who is not a legal dependent of the above, must complete a rental application, pay a screening fee and sign all documents.

Name	Birth date	Relationship to tenant	Name	Birth Date	Relationship to tenant

Pets: See Pet Policy - certain breeds are not allowed.

Note: Pet fees, pet rent & liability insurance may be required.

How many pets do you have?	List Types & sizes
----------------------------	--------------------

Automobiles: Note: Only currently licensed vehicles are permitted on rental property / No car parts, etc. may be stored on the property

Auto Make:	Auto Model & Color:	Model Year:	License # / State:
Auto Make:	Auto Model & Color:	Model Year:	License # / State:
Auto Make:	Auto Model & Color:	Model Year:	License # / State:

Maintenance/Insurance: Tenant's with waterbeds or aquariums over 10 gallons must have renter's insurance or specific coverage insurance

Do you own a lawn mower?	Waterbed(s)?	Aquarium(s)?	Do you have renter's insurance?
--------------------------	--------------	--------------	---------------------------------

SOURCE OF INCOME

If less than 1 year, give prior on separate page	APPLICANT	CO-APPLICANT
EMPLOYER/AGENCY		
ADDRESS		
PHONE		
POSITION HELD		
HIRED/START DATE		
NAME OF SUPERVISOR/CASE WORKER		
HOURS WORKED PER MONTH		
GROSS INCOME PER MONTH		

List any other sources of income - including food stamps or other verifiable assistance - attach verification of each.	
--	--

Do you have "section 8" assistance?	If yes, circle one- Tacoma HA or Pierce County HA
-------------------------------------	---

Are you relying on any other assistance to pay initial move-in costs or monthly rent? If yes - explain:
--

Bank References:

Bank:	Branch	Account #	Avg. Bal. \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank:	Branch	Account #	Avg. Bal. \$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Applicant Names: _____

Credit References: — Attach additional references on separate paper, if needed.

Company: <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.		Account #	Phone #	Date Opened:
High Amount Owed \$	Current Balance \$	Payment Amount \$	# Late Pays:	
Purpose of Credit: (Auto, furniture, gas card, student loan, etc.)			Account Status: (open, closed, etc.)	
Company: <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.		Account #	Phone #	Date Opened:
High Amount Owed \$	Current Balance \$	Payment Amount \$	# Late Pays:	
Purpose of Credit: (Auto, furniture, gas card, student loan, etc.)			Account Status: (open, closed, etc.)	
Company: <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.		Account #	Phone #	Date Opened:
High Amount Owed \$	Current Balance \$	Payment Amount \$	# Late Pays:	
Purpose of Credit: (Auto, furniture, gas card, student loan, etc.)			Account Status: (open, closed, etc.)	

List any other names (maiden, married, nicknames, etc.) that you have used for credit or rental purposes:

Non-Related Personal References:

Name: _____ <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.	Phone #: Home: ()	Work: ()
Address, incl City, State, Zip		Known How Long?
Name: _____ <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.	Phone #: Home: ()	Work: ()
Address, incl City, State, Zip		Known How Long?

Nearest Relatives (Not residing with you)

Name: _____ <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.	Phone #: Home: ()	Work: ()
Address, incl City, State, Zip		Relation:
Name: _____ <input type="checkbox"/> Ten <input type="checkbox"/> Co Ten.	Phone #: Home: ()	Work: ()
Address, incl City, State, Zip		Relation:

Complete these questions: If you answer "YES" to any question, please attach a written explanation) Other occupants includes children.

Answer for Tenant - Co-Tenant - Any other occupant	TENANT	CO-TENANT	Other Occupants
Have you ever filed a petition of bankruptcy?			
Have you ever been evicted?			
Have you ever been asked to move out of any tenancy?			
Do you owe any landlord money from prior rentals?			
Have you ever willfully or intentionally refused to pay rent when due?			
Have you been convicted of any felony?			
Have you been convicted on any misdemeanor relating to domestic violence, drugs, or other crimes against either people or property?			
Are you a member or involved with any gang or gang activities:			
Do you smoke tobacco products? If yes, state indoors, outdoors or both			
Are you a military service member or reservist? If yes, complete section below			
Are you a dependent of a military service member, other than listed above? If yes, complete section below.			

Military & Dependents only:	Name of Service Member:
<input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Retired (Date: _____)	Branch of Service & Unit:
Dependents, list relationship to this service member:	

Section 8 Applicants Only:	Caseworker Name:	Caseworker Phone: ()
# Bedrooms on Voucher:	Maximum allowable rent with tenant paying all utilities: \$	<input type="checkbox"/> New on program <input type="checkbox"/> portable
I/We authorize the Public Housing Authority (PHA) to release all information to owner/agent in regards to my case file and rental history.		
_____ Signature of Head of Household/Voucher Holder		

Applicant's Full Legal Name		Date of Birth	
Social Security #		Driver's License/ID # & State	
Co -Applicant's Full Legal Name		Date of Birth	
Social Security #		Driver's License/ID # & State	

WHERE YOU ARE LIVING TODAY: if applicant and co-applicants are not at the same address, use separate forms			
Address:		City/State	Zip
Home Phone ()	Work Phone ()	Deposit Paid \$	Expect Refund?
Reason for moving?			
Date Moved In:		Date you plan to move:	
Landlord/Agent Name & Company		Landlord Phone # ()	
Are you related to the owner or landlord?		Do you owe this landlord any money? If yes: \$ _____	
Number of Occupants:	Any late rent payments?	Did you give Notice? Or receive notice to move?	

WHERE YOU LIVED IMMEDIATELY PRIOR TO WHERE YOU ARE LIVING TODAY? Co-applicants not at same address, use separate forms			
Address:		City/State	Zip
Dates at this address: From To		Deposit Paid \$	Deposit Refunded \$
Time at this address:	Reason for moving?		
Landlord/Agent Name & Company		Landlord Phone # ()	
Are you related to the owner or landlord?		Do you owe this landlord any money? If yes: \$ _____	
Number of Occupants:	Any late rent payments?	Did you give Notice? Or receive notice to move?	

WHERE YOU LIVED IMMEDIATELY PRIOR TO THE ABOVE ADDRESS? REQUIRED if less than 10 years of rental history in above 2 references.			
Address:		City/State	Zip
Dates at this address: From To		Deposit Paid \$	Deposit Refunded \$
Time at this address:	Reason for moving?		
Landlord/Agent Name & Company		Landlord Phone # ()	
Are you related to the owner or landlord?		Do you owe this landlord any money? If yes: \$ _____	
Number of Occupants:	Any late rent payments?	Did you give Notice? Or receive notice to move?	

By signing below: I/We declare that the foregoing is TRUE and CORRECT. I/We have read and understand the "Rental Application Guidelines." I/We authorize the verification of all information on this application and/or any information that may show on the credit report(s) and public record searches. I/We authorize the owner/agent, Alliance 2020, and/or Landlord Solutions, Inc. to obtain a Credit Report and Criminal History report on each named tenant/occupant and perform any other screening deemed necessary by the owner/agent. I/We agree that the owner/agent may terminate any agreement entered into based on reliance of any information provided that is believed to be false, misleading or erroneous. It is further acknowledged that Family Real Estate is in full cooperation with local, state and federal agencies and may disclose any information contained herein upon written request of any agency. I/We authorize our current and former landlords/owners/agents to release all data to Family Real Estate regarding our rental history.

Applicant/Tenant Date

Applicant/Co-Tenant Date