

SJC117

16202 64TH ST E #B2

PHONE 253-863-8117 FAX 253-863-8196

A Full Report Will Be Provided If No Box is Checked

LEASE MONTH TO MONTH

Full Report Credit/Courts Credit Only

UNIT #: RENTAL PAYMENT:

Screening Status Single Married

MOVE IN DATE:

MANAGER /RENTAL AGENT NAME:

PROPERTY ADDRESS (if different from above):

CREDIT/DEBIT CARD PAYMENT FOR THIS TENANT SCREENING REPORT (NON-REFUNDABLE)

I authorize Alliance 2020 to charge my MC Visa for the cost* of this report. Card No. Exp. 3 Digit. Billing Full Name On Date CVS Code Zip Code Credit Card Cardholder Signature

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN SPOUSE WITH SAME LAST NAME VISUAL PROOF OF DRIVER'S LICENSE/OR STATE ID PROVIDED: YES NO

APPLICANT INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SEC. #, DATE OF BIRTH, DRIVER'S LICENSE #, ISSUED FROM WHICH STATE?, DRIVER'S LICENSE EXPIRATION DATE, CELL PHONE, E-MAIL, ADDRESS SHOWN ON DRIVER'S LICENSE, CITY, STATE, ZIP CODE

SPOUSE INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SEC. #, DATE OF BIRTH, DRIVER'S LICENSE #, ISSUED FROM WHICH STATE?, DRIVER'S LICENSE EXPIRATION DATE, CELL PHONE, E-MAIL, ADDRESS SHOWN ON DRIVER'S LICENSE, CITY, STATE, ZIP CODE

APPLICANT AND SPOUSE RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

Form with fields: PRESENT ADDRESS, APT #, CITY, STATE, ZIP, DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER, YOUR AREA CODE + PHONE #, MONTHLY PAYMENT AMT, HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?, DATES, CURRENT APT/MORTGAGE OR LANDLORD NAME, CITY, STATE, DAYTIME LANDLORD PHONE #, EVENING LANDLORD PHONE #, REASON FOR MOVING

Form with fields: PREVIOUS ADDRESS, APT #, CITY, STATE, ZIP, DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER, PERVIOUS APT/MORTGAGE OR LANDLORD NAME, PREVIOUS LANDLORD PHONE #, MONTHLY PAYMENT AMT, HOW LONG AT YOUR PREVIOUS ADDRESS?, DATES, REASON FOR MOVING

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

Form with fields: CURRENT EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, PREVIOUS/ADDITIONAL EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES

SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

Form with fields: CURRENT EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, PREVIOUS/ADDITIONAL EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES

LIST ALL OTHER PROPOSED OCCUPANTS.

Form with fields: NAME, AGE, RELATIONSHIP, CAR MAKE, YEAR, MODEL, LICENSE #, NAME OF NEAREST RELATIVE, RELATIONSHIP, ADDRESS, CITY, STATE, AREA CODE + PHONE #, EMERGENCY CONTACT, RELATIONSHIP, ADDRESS, CITY, STATE, AREA CODE + PHONE #

Form with fields: ADDITIONAL INCOME APPLICANT SOURCE, ADDITIONAL INCOME SPOUSE SOURCE, WILL YOU HAVE PETS LIVING IN THE UNIT?, DO YOU HAVE RENTER'S INSURANCE?, DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE?, HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY?, HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE?, IF YES, TYPE OF OFFENSE?, COUNTY, STATE, ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER?

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT

I/we understand I/we acquire no rights in an apartment or subject property until I/we sign this agreement and submit a deposit (holding fee)** in the amount of indicated above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance 2020 of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. This information is provided to the landlord based upon your written request.

I/we certify that to the best of my/our knowledge all statements made herein are true and correct. I/we authorize Alliance 2020 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, and provide an investigative report to the undersigned landlord.

Signed Applicant Signed Applicant Dated Signed Landlord Signed Landlord Dated