



An incomplete application causes a delay in processing and may result in denial of tenancy. Complete separate application if co-applicant is other than spouse.

\$ 40.00 non-refundable

Screening Fee

MAKE CHECKS PAYABLE TO: THE SUNSET GROUP, INC.

Full _____ Express _____ Credit Only _____ Employment _____



EQUAL HOUSING OPPORTUNITY

— FOR OFFICE USE ONLY —

Date _____ Member # _____ Member Name THE SUNSET GROUP Phone# 503-579-3000 Fax# 503-579-2825
 I _____ have checked a valid Drivers License _____ State I.D. _____ S.S. Card _____
 Address of Rental Property: _____ UNIT _____ CITY _____ ST _____ ZIP _____

Applicant's Name: _____ SS# _____
 (Full Legal) FIRST MIDDLE LAST

Date of Birth: _____ Dr. Lic.# and State: _____ Telephone# _____

Spouse's Name: _____ SS# _____
 (Full Legal) FIRST MIDDLE LAST

Date of Birth: _____ Dr. Lic.# and State: _____ Telephone# _____

Occupants Name, Age & Relationship: _____

DATE YOU WOULD LIKE TO MOVE IN?

CURRENT ADDRESS				PRIOR ADDRESS			
Street				Street			
City				City			
State/Zip Code		<input type="checkbox"/> Rent <input type="checkbox"/> Own		State/Zip Code		<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Pymts pd to:		Amt. \$		Pymts pd to:		Amt. \$	
How long (Mo./Day/Yr.)		From To		How Long (Mo./Day/Yr.)		From To	
Apt. Community		Unit #		Apt. Community		Unit #	
Landlord/Mgr.		Hm# Wk#		Landlord/Mgr.		Hm# Wk#	

PRESENT OCCUPATION		PRIOR OCCUPATION		SPOUSE'S OCCUPATION	
Employer					
Street					
City State					
Type of Bus.					
Occupation/Rank					
Mgr/CO Phone#					
Hire Date Mo. Salary \$		Hire Date Term Date		Hire Date Mo. Salary \$	

Additional income (Interest, child support, etc.) _____

Bank _____ Branch _____ City, State _____

Ck. Acct. # _____ Savings Acct. # _____

What state did you acquire your credit? _____

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

List installment payments made to mortgage, auto, other loans.

Company Name	City, State	Account#	Monthly Payment	Loan Balance
1. _____				
2. _____				

Car _____ Model/Color _____ Yr. _____ Lic.# _____

Local Friend _____ Phone _____

Address _____ City _____ State _____

Nearest Relative _____ Phone _____

Address _____ City _____ State _____

Emergency Contact: _____ Phone _____

Address _____ City _____ State _____

Pets: Yes No Type & Size _____

Have you or your spouse: Been evicted Yes No Refused to pay rent Yes No

Filed bankruptcy Yes No Convicted of a felony Yes No

Have you or any other person named on this application ever been convicted for dealing, possessing or manufacturing illegal drugs. Yes No Do you smoke? Yes No

Comments: _____

Deposit is non-refundable after application has been processed.

In compliance with the Fair Credit Reporting Act and Washington Residential Landlord Tenant Act (for Washington applicants only), we are informing you that information as to your character, general reputation, and mode of living is verified. The facts set forth in this application are true and complete. I, as the prospective tenant agree that a complete investigation of all on this application will not constitute invasion of privacy. I am aware of and extend the privilege to SCREENING SERVICES, INC. to obtain credit reports, rental/employment verification, bank information and/or character reports as necessary. TSS has my permission to release information found in screening. I also agree to the release of information found in screening for any lawful purpose associated with the tenancy of the premises. I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application. I understand that I have a right to dispute the accuracy of information obtained in the screening and that if denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler. I agree to all of the above and sign this of my own volition.

TENANT HISTORY

Date moved in: _____ Date Moved Out _____

Rent \$ _____ Roommates _____ Deposit _____ Refunded Y N

Proper Notice Given Y N Pets Y N

Paid Rent On Time Y N Children Y N

NSF Checks/Late Notices Y N Friend or Relative Y N

Complaints or Damages Y N Would Re-Rent Y N

Comments: _____

Agent: _____

Signature: _____

COMPLETE WHEN TENANT MOVES OUT

SIGNED _____ TENANT _____ SIGNED _____ TENANT _____ DATE _____

AGENT: THE SUNSET GROUP, INC./ TITLE: PROPERTY MANAGER DATE _____