



Member Account #

Application To Rent (Please complete in Full to assure prompt processing)

Rental Unit Information					
Date of Application:		Unit Address:		Apt #:	
Mgt Co Phone#: 509-489-4375		Return Fax#: 509-489-4250		Student ID # _____	
Move In:	Move Out:	Rent Amount:	Deposit:	Pet Deposit:	
Please List All Proposed Occupants					
Name:			Relationship:		
Name:			Relationship:		
Name:			Relationship:		
Applicant Information					
Full Name:		Phone #:		Email Address:	
Date of birth:	SSN:	Drivers' License #:		State Issued:	
Co-Applicant Information, if Married (If Not Married, Please Fill Out a Separate Application)					
Full Name:		Phone #:		Email Address:	
Date of birth:	SSN:	Drivers' License #:		State Issued:	
Applicants' Current Address:					
Landlord Name:			City:	State	Zip:
Landlord Name:		Landlord Phone:		Landlord Email:	
Move In:	Move Out:	Rent Amount:	Reason For Leaving:		
Applicants' Previous Address:					
Landlord Name:			City:	State:	Zip:
Landlord Name:		Landlord Phone:		Landlord Email:	
Move In:	Move Out:	Rent Amount:	Reason For Leaving:		
Applicants' 2 nd Previous Address:					
Landlord Name:			City:	State:	Zip:
Landlord Name:		Landlord Phone:		Landlord Email:	
Move In:	Move Out:	Rent Amount:	Reason For Leaving:		
Employment Information					
Current employer:				Start Date:	
Employer address:			City:	State:	ZIP Code:
Phone:		E-mail:		Fax #:	
Position:		Monthly Income:		Any Additional Income:	
Co-Applicant Employment Information					
Current employer:				Start Date:	
Employer address:			City:	State:	ZIP Code:
Phone:		E-mail:		Fax:	
Position:		Monthly Income:		Any Additional Income:	
Vehicle Information					
#1 License Plate #:		State:	Make:	Model:	Color:
#2 License Plate #:		State:	Make:	Model:	Color:
Have You or any Residents Ever: Been Convicted Of A Criminal Offense? Yes <input type="checkbox"/> No <input type="checkbox"/> Been Evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> Filed For Bankruptcy Yes <input type="checkbox"/> No <input type="checkbox"/> Do you Request a Reasonable Accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> Do You Have a Pet and/or Service Pet/Animal? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes To Any, Please Explain					
Emergency Contact					
Name of a person not residing with you:				Phone:	
Address:			City:	State:	ZIP Code:
Relationship:					
<small>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 ACRANET. Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of \$ _____ for a Single Applicant, \$ _____ Married Applicants, \$ _____ for a Single Cosigner and \$ _____ Married Cosigner will be paid to the landlord/agent at the time of application is submitted.</small>					
Date:	Applicant Signature:			Co-Applicant Signature:	
Date:	Property Manager Signature:			Payment Method Taken: Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/>	