

RENTAL SCREENING APPLICATION



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TYPE OF REPORT

- FULL CONSUMER
- QUICK CHECK
- CO-SIGNER (Credit Only)
- COMPREHENSIVE
- OTHER Courts at Indian Canyon

OFFICE USE ONLY:

DATE OF APP: _____
 RENT \$ _____
 ADDRESS: _____
 PAID: CASH CHECK
 ID Verified: _____

****INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING****

Is this your first time applying with the Courts at Indian Canyon, LLC? _____

How did you hear about the Courts at Indian Canyon? Friend/Referral Online Ad Newspaper Other _____

PROPERTY INFORMATION

MGMT COMPANY Courts at Indian Canyon LLC	COMPLEX NAME/ADDRESS Courts At Indian Canyon	REQUESTING AGENT	PHONE# (509) 838-7824	FAX# (509) 458-7625
MOVE IN:	MOVE OUT:	DEPOSIT:	RENT:	GARAGE#:

APPLICANT INFORMATION

APPLICANT IS: <input type="checkbox"/> APPLYING ALONE <input type="checkbox"/> HAS CO-APPLICANTS	CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION, UNLESS MARRIED) 1. _____ 2. _____ 3. _____	RELATIONSHIP _____ _____
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APPLICANT LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
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DRIVERS LICENSE #	STATE	DATE OF BIRTH (MM/DD/YYYY)	EMAIL ADDRESS:	PHONE #
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SPOUSE'S LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
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TOTAL GROSS MONTHLY INCOME \$ (include all sources)	SPOUSE'S DRIVERS LICENSE #	SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)	SPOUSE'S PHONE #
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SPOUSE'S EMAIL ADDRESS:	OTHER NAMES USED FOR EITHER APPLICANTS:
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CURRENT RESIDENCE

(1) PRESENT STREET ADDRESS	APT #	CITY	STATE	ZIP
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX
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MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL
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PREVIOUS RESIDENCE

(2) PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME	PHONE	FAX
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MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL
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(3) PREVIOUS STREET ADDRESS		APT #	CITY	STATE	ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME		PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL		
EMERGENCY CONTACT INFORMATION					
NAME OF CONTACT		ADDRESS		RELATIONSHIP	PHONE
ADDITIONAL OCCUPANTS					
Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO			LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS		
EMPLOYMENT HISTORY					
PRESENT EMPLOYER		CITY	STATE	POSITION/TITLE	PHONE
SUPERVISOR NAME		GROSS MONTHLY SALARY \$		START DATE	END DATE
SPOUSE'S CURRENT EMPLOYER		CITY	STATE	POSITION/TITLE	PHONE
SUPERVISOR NAME		GROSS MONTHLY SALARY \$		START DATE	END DATE
ADDITIONAL INCOME <i>Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such income is to be included in consideration for qualification.</i>					
AMOUNT OF ADDITIONAL INCOME \$		FREQUENCY		SOURCE	
MISCELLANEOUS INFORMATION					
Do you have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, (Please Explain):		LIST PET TYPES AND BREEDS	
CRIMINAL HISTORY					
Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)			What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation		COURT LOCATION:
EVICITION HISTORY					
Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE	Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you request a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE INFORMATION					
MAKE AND MODEL		COLOR	YEAR	LICENSE PLATE NUMBER & STATE	

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 \$ 12.00 for a single cosigner, \$ 35.00 for a single applicant will be paid to the landlord/agent at the time of application is submitted.

Applicant's Signature _____ Date _____

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRANET is for the purpose of evaluating the applicant's residency and no other purpose.

Agent's Signature _____ Date _____



It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.