



Sound Screening Services
(253) 472-7336
(253) 472-3150 Fax

Co-signer for _____
 Married Co-Applicant 1 Applicant Addit. Occupant
 Application **MUST** be completed in order for application to be processed.
 Applying for 1 2 3 4 Bedroom Apt. House

Client ID # _____
 Mgmt. Co. _____
 Property _____
 Manager's Phone # _____
 Bldg. _____ Apt.# _____ Rent _____
 Move in date _____ Invoice# _____

Contact Name _____
 Leasing Agent # _____
 Full Credit Public Records Only
 Quick HUD Subsidized
 I.D. verified Valid St. Driver's Lic. State I.D. Military I.D. S.S. Card

If there is a co-applicant, use a separate form
 Property Management Company reserve the right to refuse to consider any application unless all questions are answered completely and honestly.

How did you hear about us? Brochure Drive By/Sign Apt. Guide Blue Book For Rent Yellow Pages Newspaper Which One? TNT Ranger Guardian Other _____ Internet Referral Current Resident Referral Referred by Main Office Manager Welcome Center Friend

IDENTIFICATION

Applicant's Name _____ D.O.B. ____/____/____ S.S.N.# _____
Last First MI

Driver's Lisc/ID# _____ Driver's Lisc/ID#/Address _____
 Additional Names Used _____ Home Phone # (____) _____

Spouse's Name _____ D.O.B. ____/____/____ S.S.N.# _____
Last First MI

Driver's Lisc/ID# _____ Driver's Lisc/ID#/Address _____

Others To Occupy Rental

_____ D.O.B. ____/____/____	_____ D.O.B. ____/____/____
<small>Name Relationship</small>	<small>Name Relationship</small>
_____ D.O.B. ____/____/____	_____ D.O.B. ____/____/____
<small>Name Relationship</small>	<small>Name Relationship</small>

RESIDENTIAL HISTORY

List the last 4 years of rental history.

Current Address _____ APT# _____	Previous Address _____ APT# _____	Previous Address _____ APT# _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt. Community _____	Apt. Community _____	Apt. Community _____
Phone (____) _____	Phone (____) _____	Phone (____) _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own Dates? (mo/yr) From _____ To _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own Dates? (mo/yr) From _____ To _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own Dates? (mo/yr) From _____ To _____
Owner/Mgr. Name _____ Amt. \$ _____	Owner/Mgr. Name _____ Amt. \$ _____	Owner/Mgr. Name _____ Amt. \$ _____
Reason for Move _____	Reason for Move _____	Reason for Move _____

EMPLOYMENT HISTORY

List the last 4 years.

Employer _____ Phone (____) _____	Address _____	Position _____
Gross Mo. Salary _____ Hourly _____	Length (mo/yr) From _____ To _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Reg. <input type="checkbox"/>
If Military: _____	Separation Date ____/____/____	Military Rank _____ Additional Income _____ Source(s) _____
Previous Employer _____	Phone (____) _____	Address _____
Gross Mo. Salary _____ Hourly _____	Length (mo/yr) From _____ To _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Reg. <input type="checkbox"/>
If Military: _____	Separation Date ____/____/____	Military Rank _____ Additional Income _____ Source(s) _____

SPOUSE

Employer _____	Phone (____) _____	Address _____	Position _____
Gross Mo. Salary _____	Hourly _____	Length (mo/yr) From _____ To _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Reg. <input type="checkbox"/>
If Military: _____	Separation Date ____/____/____	Military Rank _____	Additional Income _____ Source(s) _____

CREDIT REFERENCES

Bank _____ Checking Acct# _____ Savings Acct# _____
 Auto #1 _____ License Plate _____ State _____
 Auto #2 _____ License Plate _____ State _____

REFERENCES

Local Acquaintance _____	Phone _____	Address _____	City _____	State _____
Nearest Relative _____	Phone _____	Address _____	City _____	State _____
Emergency Contact _____	Phone _____	Address _____	City _____	State _____

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____ If yes, property name & address _____ Phone _____
 Have the police ever been summoned to your home for any reason, if so explain _____
 Civil Judgements Yes No Explain _____
 Broken a rental contract Yes No If yes explain _____
 Refused to pay rent Yes No Filed Bankruptcy Yes No Arrested Yes No Convicted of any illegal drug activity Yes No Convicted of a felony Yes No
 If yes explain _____ State and County of Conviction _____

ADDITIONAL INFORMATION

Do you own a: Waterbed Aquarium Boat Motorhome Motorcycle Dog Cat Describe any other _____
 Are you and your spouse presently on any housing list? _____ If yes explain _____
 I/we understand there is a \$ _____ non-refundable screening fee, and that I/we acquire no rights to the rental unit until the rental contract is signed and submit a holding fee in the amount of \$ _____. Upon approval of tenancy and the signing of a rental or apartment rental agreement or lease, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said rental at _____, I hereby waive all rights to the return of said holding fee and said holding fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted holding fee shall be returned to applicant. **Applicant(s) represent that all of the above statements are true and complete and authorizes the release of information with regard to residency, employment, financial institutions, public records including criminal convictions, liens, judgements, information from the application and references to Sound Screening Services. Applicants further authorizes the disclosure of this information to owner/agent and government law enforcement agencies as deemed appropriate by Sound Screening Services and acknowledges that false or misrepresented information may constitute grounds for rejection of this application. Applicant agrees that this is a routine investigation of character, general reputation, and mode of living and shall not constitute an invasion of privacy.** If tenancy is denied based on information provided by Sound Screening Services, applicant may contact Sound Screening Services at P.O. Box 111088 Tacoma, Wa 98411-1088. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the WA Fair Credit Reporting Act. If you seek to review your credit report or other such information, you should contact the Sound Screening Services directly. Sound Screening Services is not responsible for determining rental decisions. I have read and agreed to the provisions above. Sign here indicating you have received your copy of this application. To the best of my knowledge all answers are true & correct. I understand that misleading or false information may result in denial of tenancy or possible eviction.

Initial _____ Initial _____
 Per RCW 621.3-515, NSF checks will be subject to a handling fee of \$50.00. Additional fees and penalties will apply if NSF checks and handling fees are not paid within 15 days of postmarked notice.
 Applicant's Signature _____ Date ____/____/____ An Incomplete Application will
 Spouse's Signature _____ Date ____/____/____ result in a delay of processing
 Cosigner's Signature _____ Date ____/____/____ **A copy *MUST* be provided**
 Accepted By (Print) _____ Date ____/____/____ to applicant. Rev. 3/02

Please Mail Completed Application to:

Wilmington Village
 100 Wilmington Dr., DuPont, WA 98327