

RENTAL APPLICATION

Each applicant must submit a separate application.
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME La Serena @ Hansen Park		COMMUNITY CONTACT		COMMUNITY PHONE# (509) 374-3449		COMMUNITY FAX# (509) 374-3469		APT#		
APPLICANT'S LAST NAME FIRST MI			MARITAL STATUS(CIRCLE ONE) M / S / D / W	SOCIAL SECURITY #		D.O.B.		GENDER M / F		DRIVER'S LICENSE # AND STATE ISSUED
APPLICANT'S LAST NAME FIRST MI			MARITAL STATUS(CIRCLE ONE) M / S / D / W	SOCIAL SECURITY #		D.O.B.		GENDER M / F		DRIVER'S LICENSE # AND STATE ISSUED
OTHER PERSONS THAT WILL OCCUPY THE PROPERTY	FULL NAME RELATION DOB			SOCIAL SECURITY #		FULL NAME RELATION DOB			SOCIAL SECURITY #	
	FULL NAME RELATION DOB			SOCIAL SECURITY #		FULL NAME RELATION DOB			SOCIAL SECURITY #	
	FULL NAME RELATION DOB			SOCIAL SECURITY #		FULL NAME RELATION DOB			SOCIAL SECURITY #	
	WILL A PET OCCUPY THE PROPERTY? <input type="checkbox"/> YES OR <input type="checkbox"/> NO			BREED/TYPE		WEIGHT		HOME PHONE + AREA CODE		
RESIDENCE HISTORY										
PRESENT STREET ADDRESS APT #			CITY		STATE		ZIP CODE		DATES OF OCCUPANCY MOVE IN DATE MOVE OUT DATE	
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY				MTHLY PMT.		LANDLORD PHONE + AREA CODE ()			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
SPOUSE'S ADDRESS IF DIFFERENT APT #			CITY		STATE		ZIP CODE		DATES OF OCCUPANCY MOVE IN DATE MOVE OUT DATE	
SPOUSE'S LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY				MTHLY PMT.		LANDLORD PHONE + AREA CODE ()			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
EMPLOYMENT HISTORY										
NAME OF PRESENT EMPLOYER				PHONE NUMBER + AREA CODE ()			DIRECT SUPERVISOR/HUMAN RESOURCES			
EMPLOYMENT ADDRESS			START/END DATE		CURRENT POSITION HELD/MONTHLY GROSS INCOME (BEFORE TAXES)					
NAME OF SPOUSE'S PRESENT EMPLOYER				PHONE NUMBER INCLUDE AREA CODE ()			DIRECT SUPERVISOR/HUMAN RESOURCES			
EMPLOYMENT ADDRESS			START/END DATE		CURRENT POSITION HELD/MONTHLY GROSS INCOME (BEFORE TAXES)					
INCOME FROM ADDITIONAL SOURCES (ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER)							AMOUNT \$			
AUTO INFORMATION										
AUTO #1	YEAR	MAKE		MODEL		COLOR			LICENSE PLATE /STATE ISSUED	
AUTO #2	YEAR	MAKE		MODEL		COLOR			LICENSE PLATE/STATE ISSUED	
PERSONAL INFORMATION										
HAVE YOU OR YOUR SPOUSE EVER HAD AN EVICTION FILED AGAINST YOU?								YES <input type="checkbox"/>		NO <input type="checkbox"/>
HAVE YOU EVER BROKEN A RENTAL AGREEMENT?								YES <input type="checkbox"/>		NO <input type="checkbox"/>
DO YOU CURRENTLY OWE ANY PRIOR LANDLORDS MONEY?								YES <input type="checkbox"/>		NO <input type="checkbox"/>
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?								YES <input type="checkbox"/>		NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?								YES <input type="checkbox"/>		NO <input type="checkbox"/>
NAME OF APPLICANTS NEAREST RELATIVE			TELEPHONE WITH AREA CODE		STREET ADDRESS			CITY	STATE	ZIP CODE
NAME OF SPOUSE'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE		STREET ADDRESS			CITY	STATE	ZIP CODE
EMERGENCY CONTACT		WORK TELEPHONE		HOME TELEPHONE		STREET ADDRESS		CITY, STATE, ZIP CODE		
THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLEING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.										
I AGREE TO THE ABOVE DISCLAIMER _____										
I DISAGREE TO THE ABOVE DISCLAIMER _____										

- NON-REFUNDABLE APPLICATION FEE* \$35/person (Not refunded under any circumstance)
 - Application Fee is applicable to each Resident 18 years or older regardless of marital status.

- HOLDING FEE* \$100.00
 - Holding fee will be retained by the Community as liquidated damages in the event I do not choose to enter into a lease agreement for the unit which I have applied for with this application.
 - I understand that I acquire no rights in the apartment until I complete the application, pay the holding fee, and execute a lease on the apartment.

"I/We hereby authorize the Community to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records or arrest, rental history, employment/salary details, vehicle records, licensing records, and/or necessary information. I hereby expressly release the Community, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

I/We certify that, to the best of my knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction."

Should your application be denied you have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to First Advantage Safe Rent, Attn: Consumer Relations Department, 7300 Westmore Road, Suite #3, Rockville, MD 20850. Telephone Number: (888) 333-2413.

APPLICANT'S SIGNATURE: _____ DATE SUBMITTED: _____

Contact #: _____

APPLICANT'S SIGNATURE: _____ DATE SUBMITTED: _____

Contact #: _____

AGENT FOR THIS OWNER: _____ DATE RECEIVED: _____