



Mailing Address: P.O. Box 145, Spanaway, WA 98387

Office Address: 4116 Brookdale Road East, Tacoma, WA 98446

(253) 531-5615 / Fax (253) 535-6848 / applications@brookdaletownhomes.com



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 #, Contact Name, Mgmt. Co., Leasing Agent, Property, Manager's Phone #, Bldg., Apt. #, Rent, Move in date, Invoice#, 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., SSN#, Cell Phone, Home Phone, Work Phone, Drivers Lic./ID#, Address, Additional Names Used, Home Phone#, Spouse's Name, D.O.B., SSN#, Drivers Lic./ID#, Address, Others To Occupy Rental, Name, Relationship, D.O.B.

RESIDENTIAL HISTORY

Current Address, Apt.#, Previous Address, Apt.#, Previous Address, Apt.#, City, State, Zip, Apt. Community, Phone, Rent, Own Dates?, Owner/Mngr Name, Amt:\$, 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, Part Time, Temp, Reg., If Military, Separation Date, Military Rank, Addl. Income, Source(s), Previous Employer, Phone, Address, Position, Gross Mo. Salary, Hourly, Length (mo/yr) From, To, Full Time, Part Time, Temp, Reg., If Military, Separation Date, Military Rank, Addl. Income, Source(s)

SPOUSE

Employer _____ Phone(____) _____ Address _____ Position _____
Gross Mo. Salary _____ Hourly _____ Length (mo/yr) From _____ To _____ Full Time Part Time Temp Reg.
If Military _____ Separation Date _____ Military Rank _____ Addl. 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 Judgments 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 activity Yes No Felony Yes No
If yes explain _____ State & 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 \$40.00 non-refundable screening fee (per adult applicant), 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, the holding fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said rental at Brookdale Townhomes, 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, judgments, 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 ____/____/____
Spouse's Signature _____ Date ____/____/____
Cosigner's Signature _____ Date ____/____/____
Accepted By (Print) _____ Date ____/____/____

An Incomplete Application will result in a delay of processing
A copy *MUST* be provided to applicant.

Application may be submitted via U.S. Mail to our P.O. Box, in person to our Office, via Fax or attached as a PDF via Email.
\$40.00 non-refundable screening fee must be submitted before application is processed. You may mail/hand deliver a check or money order using the information at the top of this application, or pay it via Paypal to dceccanti@comcast.net.