

APPLICANT SCREENING NOTICE

Unit Requested : \_\_\_\_\_  
\_\_\_\_\_

SCREENING/CREDIT REPORTING AGENCY: Equifax Credit Services  
P.O. Box 740241  
Atlanta, GA. 30374-0241  
1-800-685-1111

APPLICANT #1: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT #2: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL/MSG: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Your charge for this screening application is \$15.00 per person**

Screening your application includes calling your former Landlord, present landlord, employer (s), and financial institution. By signing the application for tenancy, you have authorized these individuals and/or agencies to release information to us so that we may evaluate your application.

We use the above named agency to provide both credit and other information with regard to you and your application. If we deny tenancy based on information provided by the above named agency, you have the right to contact the agency by telephone (listed above) to determine and/or dispute the information they may have provided (they may require you to appear in person).

We are not allowed, by law to release or disclose information provided to us by the agency, except as required under the Federal Fair Credit and Reporting Act.

If you seek to review your credit reports or other such information, you should contact the agency directly.

Your signature below acknowledges that you have received a copy of this notice.

DATE: \_\_\_\_\_ LANDLORD/AGENT: \_\_\_\_\_

APPLICANT #1: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT #2: \_\_\_\_\_ DATE: \_\_\_\_\_

# Application to Rent

Today's Date \_\_\_\_\_ Unit Desired \_\_\_\_\_ Date Desired \_\_\_\_\_

**False, misleading or incomplete information may be grounds for denial of this application. A false or willfully omitted statement herein will be grounds for cancellation of your Rental Agreement at the option of your Landlord. Verification of Social Security number and Driver's License number may be required when submitting this application. No Pets without written Pet Agreement BEFORE bringing pet to the premises. Pet agreement must be signed and pet meets our conditions.**

**1<sup>st</sup> Applicant's Full Name** \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License# \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Present Address \_\_\_\_\_ How Long \_\_\_\_\_ Current Rent Amount \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Email Address** \_\_\_\_\_

Present Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_  
Landlord's Phone # \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Occupation \_\_\_\_\_ Average Mo. Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_  
Other Source of Income \_\_\_\_\_ Amount Per Month \_\_\_\_\_

**2<sup>nd</sup> Applicant's Full Name** \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License# \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Present Address \_\_\_\_\_ How Long \_\_\_\_\_ Current Rent Amount \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Email Address** \_\_\_\_\_

Present Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_  
Landlord's Phone # \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Occupation \_\_\_\_\_ Average Mo. Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

Former Addresses for past 2 Years	How Long	Reason for Leaving	Landlord	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List "All" persons who will be living with you. (An application must be filled out by each and all persons over 18 years old)

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

Bank Reference Checking \_\_\_\_\_ Savings \_\_\_\_\_ Branch \_\_\_\_\_

Personal References (not related to you)

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Phone \_\_\_\_\_

Pets: \_\_\_\_\_ Describe \_\_\_\_\_  
(Any pets acquired must have prior written permission of the landlord and be covered by liability insurance, proof required)

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No (Smokers may be charged an additional deposit)

Next of kin to notify in case of emergency: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Phone \_\_\_\_\_

Number of vehicles you will keep at this address \_\_\_\_\_ if more than two please use back.  
Make of vehicle \_\_\_\_\_ Yr. \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Make of vehicle \_\_\_\_\_ Yr. \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Have you ever been convicted or otherwise failed to meet your Rental Agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explain: \_\_\_\_\_

Are you prepared to pay full rent requested & deposit now? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct?

Whether or not resulting in a conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to or "no contest" to a felony (whether or not resulting in a conviction)?

Yes \_\_\_\_\_ No \_\_\_\_\_

I the undersigned, certify the above information is true. If accepted as a tenant, a false or willfully omitted statement will, at the option of the owner/agent be grounds for cancellation of the Rental Agreement of which this document shall be a part. I hereby give my permission for a full credit, public record and reference check including criminal and court searches, plus anything that may become apparent as a result of this information. I also authorize and request my Employer to verify to you that the employment information I have given on this application is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted \_\_\_\_\_ Not accepted \_\_\_\_\_ Date \_\_\_\_\_

Application may be returned to: RCH Investments LLC  
P. O. Box 8335  
Yakima WA. 98908  
509-966-6161

Application may be delivered to: RCH Investments LLC  
4702 Summitview Ave. Suite #100  
Yakima WA 98908

Or fax to: **509-966-2413**

***Should your application to rent be accepted, we would require the whole security deposit to hold the unit for you, it will be forfeited if you do not take the unit. The security deposit will be applied as per rental agreement upon completion of move in paper work.***

***When a move in date is decided, if that date is not the first day of the month, then rent will be prorated so that rent will be due again on the first on the following month. We also require last months rent in advance, this is due in full upon move in, unless prior approval to break it up into as many as four payments has been given.***

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_