



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

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

If there is a co-applicant, use a separate form
Property Management Company reserve the right to refuse to
unless all questions are answered completely and honestly.
I.D. verified ☐ Valid St. Driver's Lic. ☐ State I.D. ☐ Military I.D. ☐ S.S. Card ☐

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 _____
Name Relationship D.O.B. ____/____/____ Name Relationship D.O.B. ____/____/____
Name Relationship D.O.B. ____/____/____ Name Relationship D.O.B. ____/____/____

RESIDENTIAL HISTORY

List the last 4 years of rental history.

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

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 _____ 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, and references to Sound Services. Applicants further authorizes the disclosure of this information to owner/agent 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 result in a delay of processing A copy <i>MUST</i> be provided to applicant.
Spouse's Signature _____	Date ____/____/____	
Cosigner's Signature _____	Date ____/____/____	
Accepted By (Print) _____	Date ____/____/____	