

I am aware that an incomplete application causes a delay in processing, and may result in denial of residency

Bonded Data Research, Inc.



(509) 755-8200 or (888) 467-9300 Fax (509) 755-8205 & (509) 755-8206 or (888) 274-8504

MANAGEMENT COMPANY APARTMENT COMMUNITY CONTACT TELEPHONE # FAX CLIENT #

In the event of co-residents other than spouse, use separate forms for each applicant <input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> ROOMMATE <input type="checkbox"/> CO-SIGNOR <input type="checkbox"/> SECTION 8 APPLICANTS PORTION					

APPLICATION TO RENT

MOVE-IN DATE / /	RENT	APARTMENT #	
APPLICANT'S last name first middle	Soc. Sec. #	Drivers License State & Number	Birth date
APPLICANT'S last name first middle	Soc. Sec. #	Drivers License State & Number	Birth date
Apartment to be occupied by:	Other names used	Do you have any pets? Type and number of pets. (keeping pets requires a deposit and owners approval)	Do you have a waterbed? <input type="checkbox"/> yes <input type="checkbox"/> no
			Do you have waterbed insurance? <input type="checkbox"/> yes <input type="checkbox"/> no

RESIDENCE HISTORY

APPLICANTS Present address Apt. # City State Zip	Move in/ move out date / <input type="checkbox"/> Own <input type="checkbox"/> Rent	Phone ()	Monthly Payment \$
Name of present Landlord (Please check 1 box) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other City State Zip	Landlord day phone ()	Landlord night phone ()	

PREVIOUS RESIDENCE HISTORY

APPLICANTS Previous Address Apt.# City State Zip	Move in/ move out date / <input type="checkbox"/> Own <input type="checkbox"/> Rent	Reason for leaving	Monthly Payment \$
Name of previous landlord (please check 1 box) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other City State Zip	Landlord day phone ()		
APPLICANTS Previous address Apt.# City State Zip	Move in/ move out date / <input type="checkbox"/> Own <input type="checkbox"/> Rent	Reason for leaving	Monthly Payment \$
Landlord (Please check 1 box) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other City State Zip	Landlord day phone ()		
SPOUSES Previous address Apt. # City State Zip	Move in/ move out date / <input type="checkbox"/> Own <input type="checkbox"/> Rent	Reason for leaving	Monthly payment \$
Landlord (Please check one box) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other City State Zip	Landlord day phone ()		

EMPLOYMENT HISTORY

APPLICANT Employed by:	Position	Phone ()	Gross Monthly Salary \$	Dates From To
APPLICANT Previous Employer	Position	Phone ()	Gross Monthly Salary \$	Dates From To
SPOUSE Employed by:	Position	Phone ()	Gross Monthly Salary \$	Dates From To

Additional Income Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder:

Source: Amount of \$ per Source

CREDIT AND LOAN REFERENCES

Bank or Savings and Loan	Branch/address	Phone ()	Checking account #
Auto # 1 (Make & Model)	License Plate #	State	Car payment Made to \$ Monthly payment

IMPORTANT INFORMATION

Name of APPLICANTS nearest relative	Relationship	Address City State Zip	Phone ()
Name of SPOUSES nearest relative	Relationship	Address City State Zip	Phone ()
Emergency contact	Relationship	Address City State Zip	Phone ()
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES ___ NO ___ HAVE YOU EVER BEEN EVICTED FOR NON-PAYMENT OF RENT YES ___ NO ___ HAVE YOU EVER DECLARED BANKRUPTCY? YES ___ NO ___			

I understand I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. If my residency is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my residency is approved but I do not sign an apartment rent agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment for: _____. If my residency is not approved then this fee shall be returned to me.

NON-REFUNDABLE APPLICATION FEE EARNED ON RECEIPT. \$

PAYABLE TO BDR

In accordance with State and Federal Laws you are hereby notified that an investigation is being made by BDR using the information you provided on this Application, together with information obtained from outside sources. I/We authorize BDR to obtain any credit reports, public records, residential and employment history it deems necessary and to verify all information set forth in the application as well as that obtained by BDR. You have the right to dispute the accuracy of information provided by BDR or by the entities you have disclosed and, upon written request, the right to a complete and 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. Direct all inquiries to BDR, 1229 W. 1st Ave., Spokane, WA 99201. I/We certify that to the best of my/our knowledge, all statements made herein are true and correct. I/We understand that false, fraudulent or misleading information disclosed may be grounds for denial of tenancy or subsequent eviction. I hereby release all persons, companies, corporations as well as Bonded Data Research from all liability and responsibility that may result from providing information about me and my history.

Signed _____ Applicant Date _____ Signed _____ Applicant Date _____

The undersigned agent for the above-referenced Landlord certifies that the information sought herein or in any consumer report prepared by BDR is for the purpose of evaluating the applicants request for residency and no other purpose.

Signed _____ Landlord Date _____ Signed _____ Agent Date _____