Lease Longer Report Type: LeASE
WANAGER-RENTAL AGENT NAME: PROPERTY ADDRESS (If different from above); MOVE IN DATE; I duthorize Alliance 2020 to charge my MC Visa for the cost' of this report. Cardholder Jate CVS Code ZIP Code Credit Card Cardholder Signature Signature SUAL PROOF OF DRIVERS LICENSEIOR STATE ID PROVIDED VES NO APPLICANT INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial. AST NAME: FIRST NAME: Inderest LICENSE #. ISSUED FROM INPRESS SHOWN DATE OF BIRTH: INDRESS SHOWN DRIVER'S LICENSE OPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. RESERV ADDRESS APT # CITY. STATE ZIP CODE; APPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. RESERV ADDRESS APT # CITY. STATE OUV ONN RENT LIVE WITH RELATIVES SCHOOL DORMITORY DATES; OUV ONN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER OUV ONN RENT LIVE WITH RELATIVES SCHOOL
CREDIT/DEBIT CARD PAYMENT FOR THIS TENANT SCREENING REPORT (NON-REFUNDABLE) authorize Alliance 2020 to charge my MC Visa for the cost' of this report. Cardholder isuthorize Alliance 2020 to charge my MC Cardination for the cost' of this report. Cardholder isuthorize Alliance 2020 to charge my MC Cardination for the cost' of this report. Cardholder isuth.proore Provers State De Provoted (isotand) Signature Signature Signature APPLICANT INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial. AST NAME: FIRST NAME: INDERESS SHOWN DRIVER'S LICENSE: APPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. REPENT ADDRESS APT #: OV 00 OWN IN ORIVER'S LICENSE: CITY: State ZIP OV 00 OWN IOR REPORT MORTHAY IN RENT AME: MORTHAY IN ORIVER'S LICENSE: CITY: State ZIP OV 00 OWN IN ORIVER'S LICENSE: CITY: State ZIP: IN ORIVER'S LICENSE: CITY:
authorize Alliance 2020 to charge my MC Visa for the cost' of this report. Card No
Exp. 3 Digit. Billing Full Name On Cardholder Date CVS Code Zip Code Credit Card Signature Signature Signature Signature Signature APPLICANT INFORMATION - Driver's license or photo ID must be provided: Incomplete or false information may result in denial. AST NAME FIRST NAME: MIDDLE NAME: Social sec. #: DATE OF BIRTH: SIDDLESS SHOWN ISSUED FROM DRIVER'S LICENSE CELL PHONE: E-MAIL: VHICH STATE? ISSUED FROM DRIVER'S LICENSE CELL PHONE: E-MAIL: VRIVER'S LICENSE: CITY: STATE ZIP CODE: APPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. RESENT ADDRESS: APT #: CITY: STATE ZIP. OUR WER'S LICENSE: MONTHLY State DATES DATES OUR WER'S LICENSE PAT #: CITY: STATE ZIP. OUR ARAC CODE - PHONE #: MONTHLY MONTHLY DATES To: YOUR CURRENT ADDRESS: PAT #: CITY: STATE ZIP. OUR OWL
ISUAL PROOF OF DRIVER'S LICENSEOR STATE ID PROVIDED:YES NO APPLICANT INFORMATION — Driver'S license or photo ID must be provided: Incomplete or false information may result in denial. AST NAME: FIRST NAME: MIDLE NAME: SOCIAL SEC. #: DATE OF BIRTH: RIVER'S LICENSE #: ISSUED FROM. RIVER'S LICENSE #: ISSUED FROM. WHICH STATE?: EXPIRATION DATE: CLL PHONE: E-MAIL: DATE OF BIRTH: ZIP CODE: APT #: CITY: STATE: ZIP CODE: APT #: CITY: STATE ZIP: OUR AREA CODE + PHONE #: ZIP: DUR RENT ADDRESS? FROM: TO: DUR RENT OLDER #: DIVER'S SCHOOL DORMITORY OUR ADDRESS? FROM: TO: DUR RENT ADDRESS? FROM: TO: DUR RENT OLDER #: CITY: STATE ZIP: DUR RENT ADDRESS? FROM: TO: DUR RENT OLDER #: CITY: STATE ZIP: CITY: STATE ZIP: DUR CORR ADDRESS? FROM: TO: DUR RENT OLDER ADDRESS? FROM: TO: PAYMENT AMT: \$ CITY: STATE ZIP: CITY: STATE ZIP: DUR CURRENT ADDRESS? FROM: TO: PAYMENT AMT: S TATE ZIP: PAYMENT AMT: HOW LONG AT YOUR DADRESS? FROM: TO: PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS ADDRESS: ADDRESS: ADDRESS: ADDRESS PROM: TO: PREVIOUS ADDRESS: ADDRESS: ADDRESS PROM: TO: PREVIOUS ADDRESS: ADDRESS: ADDRESS: ADDRESS PROM: TO: PREVIOUS ADDRESS: ADDRESS PROM: TO: PREVIOUS ADDRESS: ADDRESS PROM: TO: PREVIOUS ADDRESS PROM: TO: PREVIOUS
AST NAME: FIRST NAME: FIRST NAME: SOCIAL SEC. #: DATE OF BIRTH: INDUE NAME: STATE: ZIP CODE: INDUE NAME: STATE: ZIP: INDUE NAME: SOCIAL SEC. #: DATE OF BIRTH: INDUE NAME: STATE ZIP: INDUE NAME: SOCIAL SEC. #: DATE OF BIRTH: INDUE NAME: STATE: DATE OF BIRTH: INDUE NAME: STATE: STATE ZIP: INDUE NAME: STATE: STATE ZIP: INDUE NAME: STATE: STATE: DATE OF BIRTH: INDUE NAME: STATE: STATE ZIP: INDUE NAME: STATE ZIP: INDUE NA
REVER'S LICENSE #: ISSUED FROM WHICH STATE?: DRIVER'S LICENSE EXPIRATION DATE: CELL PHONE: E-MAIL: DDRESS SHOWN IN DRIVER'S LICENSE: CITY: STATE: ZIP CODE: APPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. Incomplete or false information may result in denial. PRESENT ADDRESS: APT #: CITY: STATE ZIP; IOO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER YOUR AREA CODE + PHONE #: MONTHLY MOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? DATES: TO: YURRENT APT/MORTGAGE OR LANDLORD NAME: CITY: STATE ZIP; YOU OU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER YOUR CURRENT ADDRESS: APT #: CITY: STATE ZIP; YOU OU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER YREVIOUS ADDRESS: APT #: CITY: STATE ZIP; YOU OU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER YOU OU OWN <t< td=""></t<>
WHICH STATE?: EXPIRATION DATE: UDDRESS SHOWN IN DRIVERS LICENSE: CITY: STATE: ZIP CODE: APPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. Reset RESENT ADDRESS: APT #: CITY: STATE ZIP: JO YOU OWN RENT LIVE WITH RELATIVES School DORMITORY OTHER
ND RIVERS LICENSE: APPLICANT RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial. RESENT ADDRESS: NO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OUR AREACODE + PHONE #: MONTHLY PAYMENT AMT: STATE: OUR AREACODE + PHONE #: MONTHLY PAYMENT AMT: STATE: DATES: YOUR CURRENT ADDRESS? FROM: TO: PREVIOUS ADDRESS: APT #: CITY: STATE VOUR CURRENT ADDRESS? FROM: TO: PREVIOUS ADDRESS: APT #: CITY: STATE PREVIOUS ADDRESS: APT #: CITY: STATE: PREVIOUS ADDRESS: APT #: CITY: STATE: PREVIOUS ADDRESS: CITY: STATE: PREVIOUS ADDRESS: CITY: STATE: PREVIOUS ADDRESS: CITY: STATE: PREVIOUS ADDRESS: <tr< td=""></tr<>
PRESENT ADDRESS: APT #: CITY: STATE ZIP: DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
PRESENT ADDRESS: APT #: CITY: STATE ZIP: DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
OUR AREA CODE + PHONE #: MONTHLY MONTHLY PAYMENT AMT: HOW LONG HAVE YOU LIVED AT DATES: YOUR CURRENT APT/MORTGAGE OR LANDLORD NAME: CITY: STATE: DAYTIME LANDLORD PHONE #: EVENING LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS ADDRESS: CITY STATE: TO: TO: PREVIOUS ADDRESS: APT #: CITY: STATE ZIP: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
OUR AREA CODE + PHONE #: MONTHLY MONTHLY PAYMENT AMT: HOW LONG HAVE YOU LIVED AT DATES: YOUR CURRENT APT/MORTGAGE OR LANDLORD NAME: CITY: STATE: DAYTIME LANDLORD PHONE #: EVENING LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: PREVIOUS ADDRESS: CITY STATE: TO: TO: PREVIOUS ADDRESS: APT #: CITY: STATE ZIP: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
VURRENT APT/MORTGAGE OR LANDLORD NAME: CITY: STATE: DAYTIME LANDLORD PHONE #: EVENING LANDLORD PHONE #: () REASON FOR MOVING: PREVIOUS ADDRESS: APT #: CITY: STATE ZIP: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
REASON FOR MOVING: PREVIOUS ADDRESS: APT #: CITY: STATE ZIP: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
PREVIOUS ADDRESS: APT #: CITY: STATE ZIP: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR PREVIOUS ADDRESS? DATES: REASON FOR MOVING: CITY STATE: TO: PREVIOUS ADDRESS: APT #: CITY: STATE DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR PREVIOUS ADDRESS? DATES: REASON FOR MOVING: CITY STATE: TO: PREVIOUS ADDRESS: APT #: CITY: STATE DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
REASON FOR MOVING: CITY STATE: PREVIOUS ADDRESS: APT #: CITY: STATE DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
PREVIOUS ADDRESS: APT #: CITY: STATE ZIP: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER PERVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES:
PERVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES:
() S PREVIOUS ADDRESS? FROM: TO:
Image: Constraint of the second sec
PREVIOUS ADDRESS: APT #: CITY: STATE ZIP:
PREVIOUS ADDRESS: APT #: CITY: STATE ZIP:
DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER
'PERVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE #: MONTHLY PAYMENT AMT: HOW LONG AT YOUR DATES: 'S PREVIOUS ADDRESS? FROM: TO:
REASON FOR MOVING: CITY STATE:
APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.
CURRENT EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:
DOSITION SUPERVISOR'S NAME: MONTHLY SALARY: EMPLOYMENT DATES: Image: Full time TEMPORARY \$ FROM: TO: PART TIME SELF-EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:
POSITION SUPERVISOR'S NAME: MONTHLY SALARY: EMPLOYMENT DATES: Image: Full time TEMPORARY \$ FROM: TO: Image: Part time Self-EMPLOYED
PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

When this Page is Filled Out, Please Initial Here ____ and Fill Out and Sign Page 2 of this Application.

PAGE 2 OF A 2 PAGE RENTAL APPLICATION

Applicant



 Telephone
 Fax

 (425) 271-8065
 (425) 227-9246

 1-800-289-8065
 1-800-289-9246

							insight is better than	hindsight I-C	500-2	89-8065 1-800-289-9	
APPLICANT INFORMATION — PLEASE PROVIDE THIS INFORMATION AGAIN TO IDENTIFY YOUR APPLICATION											
LAST NAME:	FIRST NAME:			MIDDLE NAME: SOCIAL SEC. #:			CE	CELL PHONE:			
LIST ALL OTHER PROPOSED OCCUPANTS.											
NAME:	NAME:		RELATIONSHIP:		NAME:			AGE:	E: RELATIONSHIP:		
NAME:		AGE:	RELATIONSHIP:		NAME:			AGE:	GE: RELATIONSHIP:		
CAR MAKE:	YEAR:	MODEL:	LICENSE #:		CAR MAKE:		YEAR:	MODEL:	EL: LICENSE #:		
NAME OF NEAREST RELATIVE:		RELATIONSHIP:		ADDRESS:		CITY: S		STATE:	TATE: AREA CODE + PHONE #:		

EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:		CITY:	STATE:	AREA CODE	+ PHONE #:
ADDITIONAL INCOME: SOUR APPLICANT \$			ADDITIONAL INCOME: SPOUSE \$			SOURCE	
WILL YOU HAVE PETS LIVING IN THE UNIT?	IF YES LIST PET TYPES:		DO YOU HAVE RENTER'S INSURANCE?			OU OR ANY C	
HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY?:	NO IF YES, NAME OF AP	T/LANDLORD:	CI	TY: STAT		E YOU OR AN	Y OF THE PROPOSED EGISTERED
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE?: YES N	IF YES, TYPE OF OFFENSE	Ξ:	COUNTY	STAT	E: SE	X OFFENDER	
APPLICANT'S DISCLOSURE, RELEA	SE AND CONSENT		**AMT. OF DEPOSIT FOR UNIT/PROPERT	Y \$		ST OF THIS R	

//we understand l/we acquire no rights in an apartment or subject property until l/we sign this agreement and submit a deposit (holding fee)** in the amount of indicated above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at _______.

I/we hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I/we 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.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance 2020 of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. This information is provided to the landlord based upon your written request. 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 Fair Credit Reporting Act. Direct all inquires to Alliance 2020, P.O. Box 4248, Renton, WA 98057.

I/we certify that to the best of my/our knowledge all statements made herein are true and correct. I/we authorize Alliance 2020 to obtain such credit reports, character reports, verification of rental and employment history as it deems is necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned landlord. I/we further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Dated

Signed_



Important Notice to Applicants This form MUST be signed and dated. Unsigned/undated forms will not be processed. Please write clearly as the contents of this form will be entered into a database for processing If your employer can not be reached to verify your employment you will be required to provide proof of employment and income (pay stubs, tax forms, etc.). Incomplete or erroroneous information may significantly delay the landlord's decision to rent/lease A valid phone number where you can be reached is vitally important in case information needs to be clarified. Alliance 2020, our screening company, may need to call you to clarify information. Your screening fee is not retained by the landlord and is non-refundable.