

Gary Wright Realty, Inc.

Tenant Screening By Alliance 2020

Telephone (425) 271-8065 Fax (425) 227-9246
1-800-289-8065 1-800-289-9246

GAR1271

1059 State Ave., Suite D • Marysville, WA 98270

Phone 360-659-1271 • Fax: 360-653-9474

A Full Report Will Be Provided if No Box is Checked
 Full Report Credit/Courts Credit Only LEASE MONTH TO MONTH

Screening Status Single Married UNIT #: RENTAL PAYMENT:

MANAGER /RENTAL AGENT NAME: PROPERTY ADDRESS (if different from above): MOVE IN DATE:

CREDIT/DEBIT CARD PAYMENT FOR THIS TENANT SCREENING REPORT (NON-REFUNDABLE)

I 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

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN SPOUSE WITH SAME LAST NAME VISUAL PROOF OF DRIVER'S LICENSE OR STATE ID PROVIDED: YES NO

APPLICANT INFORMATION - Driver's license or photo ID must be provided. Incomplete or false information may result in denial.

LAST NAME: FIRST NAME: MIDDLE NAME: SOCIAL SEC. #: DATE OF BIRTH:

DRIVER'S LICENSE #: ISSUED FROM WHICH STATE?: DRIVER'S LICENSE EXPIRATION DATE: CELL PHONE: E-MAIL:

ADDRESS SHOWN ON DRIVER'S LICENSE: CITY: STATE: ZIP CODE:

SPOUSE INFORMATION - Driver's license or photo ID must be provided. Incomplete or false information may result in denial.

LAST NAME: FIRST NAME: MIDDLE NAME: SOCIAL SEC. #: DATE OF BIRTH:

DRIVER'S LICENSE #: ISSUED FROM WHICH STATE?: DRIVER'S LICENSE EXPIRATION DATE: CELL PHONE: E-MAIL:

ADDRESS SHOWN ON DRIVER'S LICENSE: CITY: STATE: ZIP CODE:

APPLICANT AND SPOUSE RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

PRESENT ADDRESS: APT #: CITY: STATE: ZIP:

DO YOU ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER

YOUR AREA CODE + PHONE #: MONTHLY PAYMENT AMT. \$ HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? FROM: DATES: TO:

CURRENT 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

PREVIOUS APT/MORTGAGE OR LANDLORD NAME: PREVIOUS LANDLORD PHONE # MONTHLY PAYMENT AMT. \$ HOW LONG AT YOUR PREVIOUS ADDRESS? FROM: DATES: 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 #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

CURRENT EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PAGE 1 OF A 2 PAGE RENTAL APPLICATION



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

Tenant Screening By:



Telephone

Fax

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APPLICANT INFORMATION - PLEASE PROVIDE THIS INFORMATION AS A SAID OR BEHIND YOUR APPLICATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	CELL PHONE:
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LIST ALL OTHER PROPOSED OCCUPANTS.

NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:

CAR MAKE:	YEAR:	MODEL:	LICENSE #:	CAR MAKE:	YEAR:	MODEL:	LICENSE #:
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NAME OF NEAREST RELATIVE:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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ADDITIONAL INCOME: APPLICANT \$	SOURCE	ADDITIONAL INCOME: SPOUSE \$	SOURCE
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WILL YOU HAVE PETS LIVING IN THE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES LIST PET TYPES:	DO YOU HAVE RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF APT/LANDLORD:	CITY:	STATE:	ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF OFFENSE:	COUNTY:	STATE:
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APPLICANT'S DISCLOSURE, RELEASE AND CONSENT	**AMT. OF DEPOSIT FOR UNIT/PROPERTY \$	*COST OF THIS REPORT (NON-REFUNDABLE) \$
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I/we understand I/we acquire no rights in an apartment or subject property until I/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 4246, Remon, 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 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.

Signed _____ Applicant	Signed _____ Applicant	Dated _____
Signed _____ Landlord	Signed _____ Landlord	Dated _____



Rev. 11-09 wlv