



**RESIDENT
SCREENING
SERVICES**

Address: P.O. Box 2706, Lynnwood, WA 98036
Phone: (425) 275-5360
Fax: (425) 776-8217

Rental office must complete prior to processing:		
Bldg. Name: Bristol Square	Bldg. #:	
Bldg. Application #:	Accepted By:	
Method of Payment:	Check #:	
Apt. #:	Rent:	ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Move-In Date:	Concession:	

LOW INCOME CRITERIA

This apartment community provides an equal housing opportunity for all people. Criteria to qualify for residency includes:

- Proof of identification
- Gross income of at least 2.5 (Arbor Park - 2) times the amount of rent
- Verification of employment (minimum 6 months at present employer or consistent trade or occupation)
- Verification of positive, current rental history (minimum 6 months rental, home ownership, or military residence)
- Positive credit history (minimum 6 months responsible credit use and credit payments)



Upon investigation and verification of the information provided, Resident Screening Services will make a recommendation regarding an approval or denial of residency. Instant approval is based on Transrisk score of 680 or higher and no disqualifying criminal convictions found on name provided and other denying factors. In the event that a majority, but not all, of the above requirements are met, an approval conditioned upon one of the following may be made: a) First and Last Month's Rent; b) Qualified Roommate; c) Co-Signer Agreement (Cosigners must be approved unconditionally to qualify); and/or d) Additional Security Deposit.

<input type="checkbox"/> One Applicant		<input type="checkbox"/> Co-Applicant		<input type="checkbox"/> Co-Signer		<input type="checkbox"/> Add-On Roommate		<input type="checkbox"/> Corporate Application		
APPLICANT INFORMATION										
Last Name: First: M.I.:			Social Security #:		Birthdate:		Drivers License #:		State:	
Additional Names Used (first, middle, or last name):				Daytime Phone #:			Evening Phone #:			
Name(s) of Additional Occupants:										
DO YOU HAVE: Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pet Size & Type:			Waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Waterbed Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU EVER BEEN EVICTED?: <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please explain:						
HAVE YOU EVER DECLARED BANKRUPTCY?: <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, has it been discharged?: <input type="checkbox"/> Yes <input type="checkbox"/> No						
HAVE YOU EVER BEEN CONVICTED OF A FELONY?: <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please explain:						
ARE YOU PARTICIPATING IN THE SECTION 8 PROGRAM?: <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please attach voucher or certificate.			Section 8 Rent Responsibility:			
RESIDENCE INFORMATION										
Current Address:			Apt. #:	City:		State:		Zip:	Apt. Community (House):	
Owner/Mgr. (Contact)		Mgr. Phone Number:			From: (mo/yr)	To:	Payment to:		Amount:	
Previous Address:			Apt. #:	City:		State:		Zip:	Apt. Community (House):	
Owner/Mgr. (Contact)		Mgr. Phone Number:			From: (mo/yr)	To:	Payment to:		Amount:	
EMPLOYMENT INFORMATION										
Employer:			Position:		Contact Name (H/R, Payroll, or Supervisor):			Phone Number:		
Address:			City:	State:	Zip:	From: (mo/yr)	To:	Monthly Salary \$ (Hourly):		
Previous Employer:			Position:		Contact Name (H/R, Payroll, or Supervisor):			Phone Number:		
Address:			City:	State:	Zip:	From: (mo/yr)	To:	Monthly Salary \$ (Hourly):		
Additional Income:					Source(s):					

CREDIT INFORMATION							
Auto #1:	Color:	Make:	Model:	License Plate #:	State:	Car Payment Made To:	Monthly Payment \$:
Auto #2:	Color:	Make:	Model:	License Plate #:	State:	Car Payment Made To:	Monthly Payment \$:
Bank, Credit Union, or Savings & Loan:				Branch:	Checking Account #:	Phone Number:	
Loans & Credit Accounts				Total \$ Debt:	Account #:	Monthly Payment \$:	
ADDITIONAL INFORMATION							
Applicant's Nearest Relative			Relationship:	Address:			Phone Number:
Emergency Contact			Relationship:	Address:			Phone Number:
Personal Reference			Relationship:	Address:			Phone Number:

I agree to pay Resident Screening Services an application screening charge of \$_____ which is earned upon the submission and receipt of this application. I understand I will be charged an additional fee of \$____ (*See NSF Schedule below) if my check is returned from the bank for any reason. I understand I acquire no rights in an apartment until I sign a rental agreement and submit a holding fee in the amount of \$_____. If my tenancy 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 tenancy is approved but I DO NOT sign an apartment rental agreement, this fee shall be forfeited to the landlord as liquidated damages for holding an apartment off the market at _____. If my tenancy is not approved, this fee shall be returned to me. The applicants copy of this application will serve as a receipt for the screening charge collected. I authorize and direct Resident Screening Services 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. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

In accordance with State and Federal laws, you are hereby notified that an investigation may be made of the information you provided on this application together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information obtained from the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of this investigation and/or a written summary of your rights under the WA Fair Credit Reporting Act. Direct all inquiries to: Resident Screening Services - Consumer Interview **P.O. Box 2706, Lynnwood, WA 98036** Phone **(425) 275-5360** / Fax **(425) 776-8217**.

(Applicant) **Date**

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

(Agent) **Date**



RESIDENT SCREENING SERVICES

Phone **(425) 275-5360** Fax **(425) 776-8217**

RESIDENT SCREENING SERVICES DISCLOSURE FORM

I authorize and direct Resident Screening Services 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. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

In accordance with State and Federal laws, you are hereby notified that an investigation may be made of the information you provided on this application together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information obtained from the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of this investigation and/or a written summary of your rights under the WA Fair Credit Reporting Act. Direct all inquiries to: Resident Screening Services - Consumer Interview **P.O. Box 2706, Lynnwood, WA 98036** Phone **(425) 275-5360** / Toll Free Phone **(877) 283-9770** / Fax **(425) 776-8217**.

Applicant _____ **Date** _____ **Printed Name** _____

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

Agent _____ **Date** _____

Building Number: _____

Application Number: _____