

RENTAL SCREENING APPLICATION



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TenantScreening@ACRANet.com • www.ACRANET.com

TYPE OF REPORT

- FULL CONSUMER
- QUICK CHECK
- CO-SIGNER (Credit Only)
- COMPREHENSIVE
- OTHER _____

MEMBER ACCOUNT # _____

DATE OF APP: _____

RENT \$ _____

ADDRESS: _____

INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING

PROPERTY INFORMATION

MGMT COMPANY CHSPM	COMPLEX NAME/ADDRESS 3308 N Crestline	REQUESTING AGENT	PHONE# 509-467-6109	FAX# 509-462-4774
MOVE IN:	MOVE OUT:	DEPOSIT:	PET DEPOSIT:	STUDENT ID#

APPLICANT INFORMATION

APPLICANT IS: <input type="checkbox"/> APPLYING ALONE <input type="checkbox"/> HAS CO-APPLICANTS	CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION) 1. _____ 2. _____	RELATIONSHIP _____ _____
APPLICANT LAST NAME FIRST NAME MIDDLE/SUFFIX SOCIAL SECURITY #		
DRIVERS LICENSE # STATE DATE OF BIRTH (MM/DD/YYYY) EMAIL ADDRESS: PHONE #		
SPOUSE'S LAST NAME FIRST NAME MIDDLE/SUFFIX SOCIAL SECURITY #		
TOTAL GROSS MONTHLY INCOME \$ (include all sources)	SPOUSE'S DRIVERS LICENSE	SPOUSE'S DATE OF BIRTH (MM/DD/YYYY) SPOUSE'S PHONE #
SPOUSE'S EMAIL ADDRESS:		OTHER NAMES USED FOR EITHER APPLICANTS:

CURRENT RESIDENCE

(1) PRESENT STREET ADDRESS		APT #	CITY	STATE	ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME		PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL		

PREVIOUS RESIDENCE

(2) PREVIOUS STREET ADDRESS		APT #	CITY	STATE	ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND	LANDLORD NAME		PHONE	FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL		

Have you ever had any problems with bedbugs, cockroaches or other pests?
 YES NO

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE

ADDITIONAL OCCUPANTS			
Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS	
EMPLOYMENT HISTORY			
PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
SPOUSE'S CURRENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
ADDITIONAL INCOME <small>Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such income is to be included in consideration for qualification.</small>			
AMOUNT OF ADDITIONAL INCOME \$	FREQUENCY	SOURCE	
MISCELLANEOUS INFORMATION			
Do you have any Pets? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, (Please Explain):		LIST PET TYPES AND BREEDS
CRIMINAL HISTORY			
Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)		What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	COURT LOCATION/YEAR:
EVICTION HISTORY			
Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you request a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE INFORMATION			
MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRANet. Applicant/Co-Applicant understands that a NON-REFUNDABLE APPLICATION FEE of \$ 35 single cosigner. Application is valid for 30 day from date of signing.

Applicant's Signature _____ Date _____

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRANET is for the purpose of evaluating the applicant's residency and no other purpose.

Agent's Signature _____ Date _____



It is the policy of the owners and managers of Country Homes Sales and Property Management not to discriminate against anyone in any respect to the rental of any dwelling unit because of race, color, religion, national origin, sex, sexual orientation, marital status, familial status, honorably discharged veteran or military status, or disability. **We do not discriminate in any term, condition, or privilege of rental on the basis of veteran status or disability. We charge the same amount of rent, deposit(s), and fee(s) regardless if part of all of the tenants' income is related to veteran status or disability. We accept payment(s) through vouchers.**

BILLING INFORMATION				
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	TOTAL AMOUNT \$	CARD NUMBER	EXP. DATE	SECURITY CODE
NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE ZIP
My signature below authorizes ACRANET, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement.				
Signature _____			Date _____	

Country Home Realty
Country Home Property Management
Residential Qualification Criteria

Thank you for the opportunity to consider your application for rental occupancy. Screening fees are non refundable. Therefore, if any of the following applies to your situation, please carefully consider submitting your application as you will most likely be denied based on our criteria standards.

GROUNDINGS FOR DENIAL WILL RESULT FROM THE FOLLOWING ON ALL APPLICANTS:

- Unverifiable social security number.
- Falsification of rental application.
- Verified unpaid eviction showing on credit report or confirmed with landlord.
- Unpaid rental collection verified on credit report.
- Balance owing to landlord.
- Breaking lease agreement that may result in collection filing.
- Open Bankruptcy.
- 4 or more late payments and/or NSF checks and/or noise complaints within a 12 month rental period (current and/or previous).
- Income that is less than 1 months' rent. (Note: only garnish able income is considered for qualification purposes)
- Any currently pending criminal charges
- Any Convictions or Crimes against a person and/or property, Drug manufacturing and/or drugs that adversely affect others around within the last 7 years
- Registered sex offender

Valid Photo Identification will be required of all applicants.

ADDITIONAL QUALIFICATION CRITERIA:

Rental History:

6 months valid, verifiable rental history

Valid rental history is a written lease or month-to-month agreement.

If rental history is less than 6 months then an increased deposit -OR- cosigner may be requested. 2 or 3 late payments, NSF checks and/or noise complaints within 12 months may result in an increased deposit. Final recommendation will also be dependent on credit history, income and employment.

Credit History:

Established credit history not required for qualification. However,

6 or more derogatory accounts may require an increased deposit. Derogatory accounts exclude medical & student loan debt but include unpaid collections, judgments, tax liens, past due accounts, paid rental debt, discharged bankruptcy, past due or foreclosed mortgage, etc.

Final recommendation will also be dependent on income, rental & employment history.

Employment:

12 months with current employer or previous employment in same field of work

Final recommendation will also be dependent on rental & credit history and income

Income:

Monthly verifiable income must be equal to at least 3 times the rental amount
(only garnish able income considered)

Income of 2 – 2.99 May require an increased deposit.

Income of 1 – 1.99 May require a qualified cosigner

Section 8 applicant's must meet the income requirement based on their portion of the rent.

Final recommendation will also be dependent on rental, credit & employment history.

COSIGNER QUALIFICATION CRITERIA:

A cosigner will be APPROVED if all the qualification below is met, if the cosigner does not meet any 1 of the following criteria then the cosigner will not qualify.

RENTAL HISTORY: 1 year of valid and verifiable rental or mortgage history with no late payments

CREDIT HISTORY: At least 4 accounts in good standing for 1 year with less than \$100 in derogatory credit

Discharged or non-discharged bankruptcy will result in denial.

EMPLOYMENT: 12 months with current employer or previous employment in same field of work

INCOME: 3 times the rental amount of the unit in verifiable, garnish able income

Applicant Signature: _____ **Date:** _____

Co Applicant Signature: _____ **Date:** _____