

# RENTAL SCREENING APPLICATION



SCREENING & REPORTING SERVICES

PO BOX 141875  
 Spokane Valley, WA 99214  
 Phone 509-928-0229  
 800-729-7776  
 Fax 509-928-7903  
 800-290-7031  
 Email air@airfactz.com

**TYPE OF REPORT**

- FULL  
 SHORT  
 CO-SIGNER  
 CRIMINAL ONLY  
 OTHER \_\_\_\_\_

MOVE IN DATE \_\_\_\_\_

RENT \$ \_\_\_\_\_

APARTMENT # \_\_\_\_\_

Visual proof of Drivers License or  
 State I.D.  YES  NO

**\*\*INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING\*\***

PROPERTY INFORMATION				
MGMT COMPANY	COMPLEX NAME / ADDRESS	REQUESTING AGENT	PHONE	FAX
APPLICANT INFORMATION				
APPLICANT IS: <input type="checkbox"/> APPLYING ALONE <input type="checkbox"/> HAS CO-APPLICANTS		CO-APPLICANT'S NAME AND RELATIONSHIP TO APPLICANT		
APPLICANT'S LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOC SEC#	DATE OF BIRTH
DRIVERS LICENSE #	STATE	CELL PHONE	HOME PHONE	EMAIL ADDRESS
OTHER NAMES USED	LIST NAMES AND BIRTHDAYS OF ALL OCCUPANTS			
CURRENT RESIDENCE				
(1) APPLICANTS PRESENT ADDRESS		APT#	CITY	STATE ZIP
LANDLORD NAME	LANDLORD PHONE	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS RESIDENCE HISTORY				
(2) APPLICANTS PREVIOUS ADDRESS		APT#	CITY	STATE ZIP
LANDLORD NAME	LANDLORD PHONE	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$	REASON FOR LEAVING			
(3) APPLICANTS PREVIOUS ADDRESS		APT#	CITY	STATE ZIP
LANDLORD NAME	LANDLORD PHONE	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$	REASON FOR LEAVING			
EMPLOYMENT HISTORY				
(1) APPLICANTS PRESENT EMPLOYER ( NAME, CITY AND STATE )		POSITION / TITLE		PHONE
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE	
(2) APPLICANTS PREVIOUS EMPLOYER ( NAME, CITY AND STATE )		POSITION / TITLE		PHONE
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE	
ADDITIONAL INCOME				
<i>Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included in consideration for qualification.</i>				
AMOUNT OF ADDITIONAL INCOME	FREQUENCY	SOURCE		

IMPORTANT CONTACT INFORMATION																			
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE																
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MISCELLANEOUS INFORMATION																			
(1) PET NAME	PET TYPE	BREED	COLOR																
AGE	WEIGHT	LAST RABIES SHOT DATE	DATE SPAYED / NEUTERED																
(2) PET NAME	PET TYPE	BREED	COLOR																
AGE	WEIGHT	LAST RABIES SHOT DATE	DATE SPAYED / NEUTERED																
DO YOU HAVE LIQUID FILLED FURNITURE	DESCRIBE	DO YOU SMOKE																	
ADDITIONAL INFORMATION																			
Have you ever been convicted of any crime? (Do not list any offense for which you have successfully completed a deferred sentence.)																			
<input type="checkbox"/> NO <input type="checkbox"/> YES Offense/Charge: _____																			
Level of Offense: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation																			
Court/Location: _____ Case #: _____																			
Have you ever been evicted from any residence? If yes, list when, address and reason. <input type="checkbox"/> NO <input type="checkbox"/> YES Date: _____																			
Address: _____																			
Reason: _____																			
HAVE YOU EVER FILED FOR BANKRUPTCY?		HAVE YOU OR ANYONE IN THE HOUSEHOLD EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER?																	
<table border="1"> <thead> <tr> <th colspan="4">VEHICLE INFORMATION</th> </tr> </thead> <tbody> <tr> <td>(1) MAKE AND MODEL</td> <td>COLOR</td> <td>YEAR</td> <td>LICENSE PLATE NUMBER &amp; STATE</td> </tr> <tr> <td>(2) MAKE AND MODEL</td> <td>COLOR</td> <td>YEAR</td> <td>LICENSE PLATE NUMBER &amp; STATE</td> </tr> <tr> <td colspan="4">OTHER VEHICLES TO BE STORED / USED</td> </tr> </tbody> </table>				VEHICLE INFORMATION				(1) MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE	(2) MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE	OTHER VEHICLES TO BE STORED / USED			
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**NON-REFUNDABLE BACKGROUND SCREENING FEE PAYABLE UPON RECEIPT OF APPLICATION: \$ \_\_\_\_\_ PAYABLE TO AIRFACTZ.**  
 In accordance with State and Federal laws you are hereby notified that an investigation may be made by AIRFACTZ, a background screening and reporting agency, of the information provided above, along with inquiry as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information provided by AIRFACTZ or by the entities you have disclosed above, 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 Fair Credit Reporting Act. Please direct all inquiries to AIRFACTZ, PO BOX 141875, SPOKANE VALLEY, WA 99214-1875. The venue for any legal action or proceedings related to this transaction, or breach of contract, or default, whether a lawsuit is filed or not, shall be properly laid in Spokane County, Washington. I certify that to the best of my knowledge all statements made herein are true and correct. I understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. **By signing below, I authorize AIRFACTZ to obtain consumer credit reports, character reports, verification of criminal history, verification of rental and employment history and provide an investigative report to the undersigned landlord. I also hereby release anyone furnishing information for the investigative report from all liability and responsibility that may result from providing said information.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

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



Signed \_\_\_\_\_ Date \_\_\_\_\_  
Agent

It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION			
CARD TYPE			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER			
NAME ON CARD	CARD NUMBER	EXPIRATION MONTH & YEAR	
BILLING ADDRESS	APT#	CITY	STATE ZIP SECURITY CODE
My signature below authorizes Airfactz, a background screening and reporting company, to charge the above credit card the background screening fee noted below. I agree to pay for this charge according to the terms of my card holder agreement.			
Signature _____		Date _____	