



**Sound Screening Services**  
**(253) 472-7336**  
**(253) 472-3150 Fax**

Co-signer for \_\_\_\_\_  
 Married  Co-Applicant  1 Applicant  Addit. Occupant  
 Application **MUST** be completed in order for application to be processed.  
 Applying for  1  2  3  4 Bedroom Apt.  House

Mgmt. Co. \_\_\_\_\_  
 Property \_\_\_\_\_  
 Manager's Phone # \_\_\_\_\_  
 Bldg. \_\_\_\_\_ Apt.# \_\_\_\_\_ Rent \_\_\_\_\_  
 Move in date \_\_\_\_\_ Invoice# \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Leasing Agent # \_\_\_\_\_  
 Full  Credit  Public Records Only  
 Quick  HUD  Subsidized

**If there is a co-applicant, use a separate form**  
 Property Management Company reserve the right to refuse to  
 unless all questions are answered completely and honestly.  
 I.D. verified  Valid St. Driver's Lic.  State I.D.  Military I.D.  S.S. Card

How did you hear about us? Brochure  Drive By/Sign  Apt. Guide  Blue Book  For Rent  Yellow Pages  Newspaper  Which One? TNT  Ranger  Guardian   
 Other \_\_\_\_\_ Internet Referral  Current Resident Referral  Referred by Main Office  Manager  Welcome Center  Friend

**IDENTIFICATION**

Applicant's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.N.# \_\_\_\_\_  
Last First MI  
 Driver's Lisc/ID# \_\_\_\_\_ Driver's Lisc/ID#/Address \_\_\_\_\_  
 Additional Names Used \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.N.# \_\_\_\_\_  
Last First MI  
 Driver's Lisc/ID# \_\_\_\_\_ Driver's Lisc/ID#/Address \_\_\_\_\_  
 Others To Occupy Rental  

Name _____ Relationship _____ D.O.B. ____/____/____	Name _____ Relationship _____ D.O.B. ____/____/____
Name _____ Relationship _____ D.O.B. ____/____/____	Name _____ Relationship _____ D.O.B. ____/____/____

**RESIDENTIAL HISTORY**

List the last 4 years of rental history.

Current Address _____ APT# _____ City _____ State _____ Zip _____ Apt. Community _____ Phone (____) _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Dates? (mo/yr) From ____ To ____ Owner/Mgr. Name _____ Amt. \$ _____ Reason for Move _____	Previous Address _____ APT# _____ City _____ State _____ Zip _____ Apt. Community _____ Phone (____) _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Dates? (mo/yr) From ____ To ____ Owner/Mgr. Name _____ Amt. \$ _____ Reason for Move _____	Previous Address _____ APT# _____ City _____ State _____ Zip _____ Apt. Community _____ Phone (____) _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Dates? (mo/yr) From ____ To ____ Owner/Mgr. Name _____ Amt. \$ _____ Reason for Move _____
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**EMPLOYMENT HISTORY**

List the last 4 years.

Employer _____ Phone (____) _____ Address _____ Position _____ Gross Mo. Salary _____ Hourly _____ Length (mo/yr) From ____ To ____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Reg. <input type="checkbox"/> If Military: _____ Separation Date ____/____/____ Military Rank _____ Additional Income _____ Source(s) _____	Previous Employer _____ Phone (____) _____ Address _____ Position _____ Gross Mo. Salary _____ Hourly _____ Length (mo/yr) From ____ To ____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Reg. <input type="checkbox"/> If Military: _____ Separation Date ____/____/____ Military Rank _____ Additional Income _____ Source(s) _____
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**SPOUSE**

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ Position \_\_\_\_\_  
 Gross Mo. Salary \_\_\_\_\_ Hourly \_\_\_\_\_ Length (mo/yr) From \_\_\_\_ To \_\_\_\_ Full Time  Part Time  Temp  Reg.   
 If Military: \_\_\_\_\_ Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Military Rank \_\_\_\_\_ Additional Income \_\_\_\_\_ Source(s) \_\_\_\_\_

**CREDIT REFERENCES**

Bank \_\_\_\_\_ Checking Acct# \_\_\_\_\_ Savings Acct# \_\_\_\_\_  
 Auto #1 \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_  
 Auto #2 \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

**REFERENCES**

Local Acquaintance \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**HAVE YOU EVER BEEN EVICTED? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, property name & address \_\_\_\_\_ Phone \_\_\_\_\_

Have the police ever been summoned to your home for any reason, if so explain \_\_\_\_\_  
 Civil Judgements Yes  No  Explain \_\_\_\_\_  
 Broken a rental contract Yes  No  If yes explain \_\_\_\_\_  
 Refused to pay rent Yes  No  Filed Bankruptcy Yes  No  Arrested Yes  No  Convicted of any illegal drug activity Yes  No  Convicted of a felony Yes  No   
 If yes explain \_\_\_\_\_ State and County of Conviction \_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you own a: Waterbed  Aquarium  Boat  Motorhome  Motorcycle  Dog  Cat  Describe any other \_\_\_\_\_  
 Are you and your spouse presently on any housing list? \_\_\_\_\_ If yes explain \_\_\_\_\_

I/we understand there is a \$ \_\_\_\_\_ non-refundable screening fee, and that I/we acquire no rights to the rental unit until the rental contract is signed and submit a holding fee in the amount of \$ \_\_\_\_\_. Upon approval of tenancy and the signing of a rental or apartment rental agreement or lease, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said rental at \_\_\_\_\_, I hereby waive all rights to the return of said holding fee and said holding fee shall be retained as liquidated damages in the event I 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. **Applicant(s) represent that all of the above statements are true and complete and authorizes the release of information with regard to residency, employment, financial institutions, public records including criminal convictions, liens, judgements, and references to Sound Services. Applicants further authorizes the disclosure of this information to owner/agent and acknowledges that false or misrepresented information may constitute grounds for rejection of this application. Applicant agrees that this is a routine investigation of character, general reputation, and mode of living and shall not constitute an invasion of privacy.** If tenancy is denied based on information provided by Sound Screening Services, applicant may contact Sound Screening Services at P.O. Box 111088 Tacoma, Wa 98411-1088. 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 WA Fair Credit Reporting Act. If you seek to review your credit report or other such information, you should contact the Sound Screening Services directly. Sound Screening Services is not responsible for determining rental decisions. I have read and agreed to the provisions above. Sign here indicating you have received your copy of this application. To the best of my knowledge all answers are true & correct. I understand that misleading or false information may result in denial of tenancy or possible eviction.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

Per RCW 621.3-515, NSF checks will be subject to a handling fee of \$50.00. Additional fees and penalties will apply if NSF checks and handling fees are not paid within 15 days of postmarked notice.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ An Incomplete Application will  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ result in a delay of processing  
 Cosigner's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **A copy MUST be provided**  
 Accepted By (Print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to applicant.