Prospective Tenants/Renters: Your completed rental application must be submitted to the landlord or their property manager. Do NOT submit applications to the

Select WLA Office Lo	ocation:	rom prospec	tive tenants	/re						ions	
EVERETT (If yes, landle BREMERTON (If yes OLYMPIA (If yes, landle) TACOMA (If yes, landle)	s, landlord fax a ndlord fax appli	pplication to 36 cation to 360-2	50-479-5611 d 52-6803 or ei	or ei mail	mail to bremerton I to olympiaoffice	@walandlo @walandlo	ord.com rd.com)) - Pl - Ph	hone: 360-4 ⁻ ione: 360-35	0-0753	
Landlord Name:	питоги тах аррп	cation to 255-5	44-3070 01 61	IIaII	Results: Email	FAX	Walk-In		NDLORD ONLY		
			<u> </u>		waik-iii	Non Refundable Fee: \$					
										ee. y	
Rental Address:											
Decision Point Plus/Nationwide Criminal Decision Point Plus/V Basic Credit Statewide Criminal		VA&OR Criminal		Decision Point Plus Nationwide Criminal				Lease: 6mo 1yr 1			
Tenant Performance		ndlord Verification	''		Employment Verificat	ion [Month to Month:		
	_	cision Point	Notaci		Employment vermeat	011		Deposit \$			
Social Security Search	De	CISION POINT	Notes:								
WLA DOES NOT ACCEPT A	PPLICATIONS FROM	1 PROSPECTIVE TEN	NANTS. APPLICAT	TION	IS MUST BE SUBMITTE	D TO THE LAI	NDLORD A	LONG	G WITH THE AP	PLICATION FEE.	
APPLICANT INFORMATION Please provide landlord with proof of income and valid photo ID.											
FIRST/MIDDLE/LAST NAME (Verify ID):			OTHER LAST NAME(S) USED:			BIRTHDATE:		SS#			
DRIVERS LICENSE OR ID#	RIVERS LICENSE OR ID# DATE ISSUED/S		STATE	EXP	PIRATION DATE	AREA CODE+PHONE			EMAIL:		
CURRENT ADDRESS			UNIT# CITY					STATE	ZIP		
DO YOU? OWN	RENT	OTHER:			DO YOU SM			S/NO			
CURRENT LANDLORD or MORTGAGE CO.			С		Y	STATE	AREA (AREA CODE + PHONE			
REASON FOR MOVING			MONTHLY PAYN	ONTHLY PAYMENT \$		HOW LONG	AT CURRE	ENT ADDRESS?			
PREVIOUS ADDRESS	UNIT#	CITY	Y				STATE	ZIP			
DID YOU? OWN	RENT	LIVE W/PARENT		ОТ	HER:						
PREVIOUS LANDLORD/MORTGAGE CO.					CITY STATE AREA CODE + PHONE						
REASON FOR MOVING	MONTHLY PAYMENT \$		HOW LONG AT THIS ADDRESS?								
EMPLOYER/INCOME SOURCE			ADDRESS		· •	CITY STATE			MONTHLY GROSS INCOME:		
POSITION	SUPERVISOR'S NA	ME	AREA CODE +PHON		E	EMPLOYMENT			PART TIME SELF-EMPLOYED	FULL TIME TEMPORARY	
EMERGENCY CONTACT	RELATIONSHIP	ADDRESS	L	CITY	Υ	ST	ZIP		AREA CODE+PI	HONE	
CAR MAKE/YEAR/MODEL				PLA	TE:				COLOR:		
REFERENCES AREA CODE			HONE RV/BOAT/AQUARIUN			WATERBED/PIANO/LARGE			ITEMS?		
HAVE YOU EVER BEEN CHARGED OF	R CONVICTED OF A CR	IMINAL OFFENSE OR F	ELONY? YES / I	ио [DETAILS:						
HAVE YOU EVER BEEN EVICTED OR	LEFT A RENTAL OW IN	G A LANDLORD MONE	EY? YES /	NО [DETAILS:						
EVER FILED FOR BANKRUPTCY?: WHEN?											
DO YOU HAVE PETS OR ANIMALS?:	YES / NO	IF YES, TYPE & BF									
PROPOSED OCCUPANTS:	l non		8 COMPLETE SEPA			l non	DELAT	ONICI	IID.		
NAME	DOB	RELATIONSHIP		IAN	VIE	DOB	RELAT	ONSI	HIP		
To a constituence of the fire each		A - L - Cl - L	I I a a a distriction of							!! !!	
In compliance with the Fai tenancy is being initiated. I cer reports, cou	rtify that to the bes	t of my knowledge,	, all statements a	re Tr		ner authorize	the above	Lanc	dlord and *WLA		
APPLICANT SIGNATURE DATE:											
		gencies make no	decision or sug	gest	tion on the acceptan	ce/denial of			Rev 10/20		
WLA OFFICE ONLY: DATE PROCESSED BY WHOM PAID: YES - NO PAYMENT: INV - CC - C - CK CHECK #											

WHICH REPORTS:

___ COST: _____

APPLICANT SCREENING AUTHORIZATION FORM

(Please print clearly)

Please remember to have your applicant(s) <u>print neatly</u> to reduce mistakes and typos.

All fields (except previous address) are REQUIRED! Reports will not be run unless filled out completely.

ONE FORM PER PERSON, PLEASE, OR IT WILL BE REJECTED

Applicant Full Name:									
	(First, middle	last)							
Social Security Number:		Date of Birth:							
Combined monthly income of all	applying: #	# of months at current position:							
Current Address:		Since:/							
	(Street, city, sta	te, zip)							
Previous Address:		Since:/							
I certify that the above information is correct	et and complete and hereby authorize you to me credit. I understand that if I am denied tenancy	te, zip) ake inquiries you feel necessary to evaluate my tenancy and credit standing, due to my credit standing, I have the right to dispute the accuracy or							
Applicant Signature:									
):	Company Name:							
Froperty Located in (City):	SUDIV	III IED B1:							
Phone Number:	Fax Number:	Email:							
agree to only screen applicants for the purposes	If you choose to deny this applicant, the applicant of residential tenancy. I will not e-mail this for	nay request a copy of the reports and has a right to receive them. By signing below I m or any other personal, financial or confidential information.							
	Tenant Screen	ning Reports:							
 Decision Point Pl Criminal Decision Point Pl Basic Credit Repo Tenant Performa Eviction History 		 Statewide Criminal Report - Washington/Oregon Employment Verification - 2-5 days to process. (Cannot verify with automated services, self-employed or retired) Landlord Verification - 2-5 days to process. (Cannot verify homeowner) Social Security Search 							
*PLE	ASE INDICATE YOUR PREFERENCE FOR RE	SULTS: : FAX EMAIL PHONE ONLY							
WLA OFFICES:		n (Phone: 360-479-1683 Fax: 360-479-5611) n (Phone: 360-350-0753 Fax: 360-252-6803)							