


Windermere Real Estate/JMW, Inc.

Tenant Screening Provided By: **Alliance**
2020
Equal Housing Opportunity

 Return to: propertymanager@windermere.com 615 Eastlake Ave. E. • Seattle, WA 98109 206/621-2037 • 206/382-3561 (Fax)	Non-Refundable Full Tenant Screening Report <input type="checkbox"/> \$32 Single Applicant <input type="checkbox"/> \$37 Husband/Wife	<input type="checkbox"/> LEASE <input type="checkbox"/> MONTH TO MONTH
	MANAGER/RENTAL AGENT NAME: _____	PROPERTY ADDRESS (if different from above): _____

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN Legal SPOUSE VISUAL PROOF OF DRIVER'S LICENSE OR STATE ID PROVIDED: YES NO

APPLICANT INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:
DRIVER'S LICENSE #:	ISSUED DATE FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	DATE OF BIRTH:
ADDRESS SHOWN ON DRIVER'S LICENSE:	CITY:	STATE:	ZIP CODE:

SPOUSE INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:
DRIVER'S LICENSE #:	ISSUED DATE FROM WHICH STATE?:	DRIVER'S LICENSE EXPIRATION DATE:	DATE OF BIRTH:
ADDRESS SHOWN ON DRIVER'S LICENSE:	CITY:	STATE:	ZIP CODE:

APPLICANT AND SPOUSE RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

PRESENT ADDRESS:	APT #:	CITY:	STATE:	ZIP:
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DO YOU ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER

YOUR AREA CODE + PHONE #:	MONTHLY PAYMENT AMT. \$	HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? FROM: _____ DATES: _____ TO: _____
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CURRENT APT/MORTGAGE OR LANDLORD NAME:	CITY:	STATE:	DAYTIME LANDLORD PHONE #:	EVENING LANDLORD PHONE #:
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REASON FOR MOVING: _____

PREVIOUS ADDRESS:	APT #:	CITY:	STATE:	ZIP:
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DO YOU ... OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER

PREVIOUS APT/MORTGAGE OR LANDLORD NAME:	PREVIOUS LANDLORD PHONE #:	MONTHLY PAYMENT AMT. \$	HOW LONG AT YOUR PREVIOUS ADDRESS? FROM: _____ DATES: _____ TO: _____
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REASON FOR MOVING: _____

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY \$	EMPLOYMENT DATES: FROM: _____ TO: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
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PREVIOUS/ADDITIONAL EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY \$	EMPLOYMENT DATES: FROM: _____ TO: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
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SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY \$	EMPLOYMENT DATES: FROM: _____ TO: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
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PREVIOUS/ADDITIONAL EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY \$	EMPLOYMENT DATES: FROM: _____ TO: _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED
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LIST ALL OTHER PROPOSED OCCUPANTS.

NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:
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CAR MAKE:	YEAR:	MODEL:	LICENSE #:	CAR MAKE:	YEAR:	MODEL:	LICENSE #:
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NAME OF NEAREST RELATIVE:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE + PHONE #:
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ADDRESS SHOWN ON CHECKING ACCT:	CITY:	STATE:	ZIP:	AMT. OF DEPOSIT FOR APT. \$
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BANK OR SAVINGS & LOAN CO.:	CITY:	STATE:	PHONE #:	ACCT #
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ADDITIONAL INCOME: APPLICANT \$ _____ SPOUSE \$ _____	CITY:
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WILL YOU HAVE PETS LIVING IN THE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST PET TYPES: _____	IF YES, NAME OF APT/LANDLORD: _____	WILL YOU HAVE A WATERBED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE WATERBED INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN EVICTED OR LEFT A LANDLORD OWNING MONEY?: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF OFFENSE: _____	COUNTY: _____	STATE: _____
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By signing below, you understand that the agent listed will be working with you as a customer on a non-representative basis because he/she is an agent of the owner of this property and therefore cannot represent both parties. He/she will, however, work with you with the professional and ethical manners outlined in Section 3 of the "Law of Real Estate Agency" pamphlet. Any change to this relationship must be made in writing; without it we will continue our current status. By signing below you are also acknowledging receipt of the pamphlet, "The Law of Real Estate Agency" and a copy of this agreement. In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance Credit Services, Inc. (dba Alliance 2020) 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 accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquiries to Alliance 2020, P.O. Box 4248, Renton, WA 98057. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize Alliance 2020 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, and provide an investigative report to the undersigned landlord. I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

I authorize Alliance 2020 to charge my MC Visa in the amount noted above for this report. My Credit Card No. is _____ Exp. Date _____ 3-Digit Verification Code from Back of Card _____

Signed _____ Applicant (and Credit Card Holder) Signed _____ Spouse Date _____