

Cederstrand Rentals LLC

Tenant Screening By: Alliance 2020 (425) 271-8065 (425) 227-9246
CED725 1-800-289-8065 1-800-289-9246

7621 Rainier Ave S, Seattle, WA 98118

Phone: 206-725-5545 Fax: 206-722-5375

A Full Report Will Be Provided If No Box is Checked
Full Report Credit/Courts Credit Only LEASE MONTH TO MONTH

Screening Status Single Married UNIT #: RENTAL PAYMENT:

MANAGER / RENTAL AGENT NAME: PROPERTY ADDRESS (if different from above): MOVE IN DATE:

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN SPOUSE WITH SAME LAST NAME 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. #: DATE OF BIRTH:

DRIVER'S LICENSE #: ISSUED FROM WHICH STATE?: DRIVER'S LICENSE EXPIRATION DATE: CELL PHONE: E-MAIL:

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. #: DATE OF BIRTH:

DRIVER'S LICENSE #: ISSUED FROM WHICH STATE?: DRIVER'S LICENSE EXPIRATION DATE: CELL PHONE: E-MAIL:

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:

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: TO:

CURRENT APT/MORTGAGE OR LANDLORD NAME: CITY: STATE: DAYTIME LANDLORD PHONE #: EVENING LANDLORD PHONE #:

REASON FOR MOVING:

PREVIOUS ADDRESS: APT #: CITY: STATE: ZIP:

DID 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: TO:

REASON FOR MOVING: CITY STATE:

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

CURRENT EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

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

CURRENT EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

PREVIOUS/ADDITIONAL EMPLOYER: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

POSITION SUPERVISOR'S NAME: MONTHLY SALARY: \$ EMPLOYMENT DATES: FROM: TO: FULL TIME TEMPORARY PART TIME SELF-EMPLOYED

LIST ALL OTHER PROPOSED OCCUPANTS.

NAME: AGE: RELATIONSHIP: NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP: NAME: AGE: RELATIONSHIP:

CAR MAKE: YEAR: MODEL: LICENSE #: CAR MAKE: YEAR: MODEL: LICENSE #:

NAME OF NEAREST RELATIVE: RELATIONSHIP: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

EMERGENCY CONTACT: RELATIONSHIP: ADDRESS: CITY: STATE: AREA CODE + PHONE #:

ADDITIONAL INCOME APPLICANT \$ SOURCE: ADDITIONAL INCOME SPOUSE \$ SOURCE:

WILL YOU HAVE PETS LIVING IN THE UNIT? YES NO IF YES LIST PET TYPES: DO YOU HAVE RENTER'S INSURANCE? YES NO DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? YES NO

HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY? YES NO IF YES, NAME OF APT/LANDLORD: CITY: STATE: ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? YES NO

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT **AMT. OF DEPOSIT FOR UNIT/PROPERTY \$ *COST OF THIS REPORT (NON-REFUNDABLE) \$

I/we understand I/we acquire no rights in an apartment or subject property until I/we sign this agreement and submit a deposit (holding fee)** in the amount of indicated above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at
I/we hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I/we 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.
In accordance with State and Federal laws you are hereby notified that an investigation may be made by 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. This information is provided to the landlord based upon your written request. 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 inquires 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.

Signed _____ Applicant Signed _____ Applicant Dated _____
Signed _____ Landlord Signed _____ Landlord Dated _____
Equal Housing Opportunity
Rev. 11-09 whv

Cederstrand Rentals Criteria For Tenant Selection

Needed to Apply:

Each person over 18 and older who will be residing in the home must submit the following for the intake to be considered complete.

Application filled out completely and truthfully. Have your current state or government ID. Verification of income such as check stubs for the last 2 pay periods / disability papers / child support papers. If self-employed the last 2 years tax returns and 3 months bank statements.

Employment History:

For verification consideration you must bring a copy of your 2 most recent paystubs, and/or copies of government, pension, or valid program funding. If self-employed, you must provide signed copies of the last 2 years tax returns and 3 months bank statements.

History of acceptable level of income must cover the previous 12 months and you must make 2 to 3 times the amount of the rent.

Credit Requirements:

Your credit screening will be done by Alliance 2020. If your application is not approved you are entitled to contact the provider of the report for a free copy at. Alliance 2020, Inc. P.O. Box 4248 Renton WA. 98057 Phone 425-271-8065 / 800-289-8065 / fax 800-289-9246

No more than 2 delinquent payments over the last 12 months / no more than 2 minor accounts in collections / no non-discharged bankruptcies / no money owing to previous land lords

Landlord References:

Each rental applicant must be able to demonstrate a pattern of meeting their rentals obligations. Leaving prior properties in good condition / No pattern of complaints from neighbors / No prior evictions in the previous 3 years / Must have Verifiable positive rental or mortgage history over the last 12 months and they must return our calls within 72 hours or we will move on the next application.

Criminal History:

Criminal history will be considered on a case by case basis, with the factors including the nature of the offense, how much time has passed, and whether or not all criteria for said offense have been completed.

Pet Policy:

If you intend to have a pet on the property you must obtain permission in advance and sign or provide the appropriate forms. All pets must be properly licensed by City or County Law and you must provide a current record of immunity. There are breeds that will not be accepted.

Received by _____

date _____

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date _____