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Application To Rent

TYPE OF REPORT

Quick Check w/ Score

Full Consumer Report w/ Score

Comprehensive w/ Score

Co-Signer Report

x Other Flats@TerreView

Member Account: Flats@TerreView

Rental Unit Information									
Date of Application:		Unit Address:				Apt #:			
Mgt Co Phone#: 509-592-8883			Return Fax#: 509-339-6167			Student ID # _____			
Move In:		Move Out:		Rent Amount:		Deposit:			
Please List All Proposed Occupants									
Name:					Relationship:				
Name:					Relationship:				
Name:					Relationship:				
Applicant Information									
Full Name:			Phone #:			Email Address:			
Date of birth:		SSN:		Drivers' License #:			State Issued:		
Applicants' Current Address:					City:		State		Zip:
Landlord Name:			Landlord Phone:			Landlord Email:			
Move In:		Move Out:		Rent Amount:		Reason For Leaving:			
Applicants' Previous Address:					City:		State:		Zip:
Landlord Name:			Landlord Phone:			Landlord Email:			
Move In:		Move Out:		Rent Amount:		Reason For Leaving:			
Applicants' 2 nd Previous Address:					City:		State:		Zip:
Landlord Name:			Landlord Phone:			Landlord Email:			
Move In:		Move Out:		Rent Amount:		Reason For Leaving:			
Employment Information									
Current employer:						Start Date:			
Employer address:				City:		State:		ZIP Code:	
Phone:			E-mail:			Fax #:			
Position:		Monthly Income:			Any Additional Income:				
Vehicle Information									
#1 License Plate #:		State:	Make:		Model:		Color:		
#2 License Plate #:		State:	Make:		Model:		Color:		
Have You or any Residents Ever: Been Convicted Of A Criminal Offense? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Been Evicted? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Filed For Bankruptcy Yes <input type="checkbox"/> No <input type="checkbox"/>									
Do you Request a Reasonable Accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Do You Have a Pet and/or Service Pet/Animal? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes To Any, Please Explain									
Emergency Contact									
Name of a person not residing with you:						Phone:			
Address:			City:		State:		ZIP Code:		
Relationship:									
<small>Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRANET. Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of \$30.00 for a Single Applicant, \$ 12.00 for a Single Cosigner and will be paid to the landlord/agent at the time of application is submitted.</small>									
Date:	Applicant Signature:								
Date:	Property Manager Signature:					Payment Method Taken: Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/>			