

BELL PROPERTIES, INC

BEL441

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

9429 N DAVIES RD LAKE STEVENS, WA 98258
PHONE: 425-334-0441 FAX: 425-334-0452

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:
MOVE IN DATE:

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

CREDIT/DEBIT CARD PAYMENT FOR THIS TENANT SCREENING REPORT (NON-REFUNDABLE)

I authorize Alliance 2020 to charge my MC Visa for the cost\* of this report. Card No.
Exp. 3 Digit. Billing Full Name On Cardholder
Date CVS Code Zip Code Credit Card Signature

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: DATES: 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: DATES: 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

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

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

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

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



When this Page is Filled Out, Please Initial Here and Fill Out and Sign Page 2 of this Application.

**APPLICANT INFORMATION — PLEASE PROVIDE THIS INFORMATION AGAIN TO IDENTIFY YOUR APPLICATION**

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SOCIAL SEC. #:	CELL PHONE:
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**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? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES LIST PET TYPES:	DO YOU HAVE RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF APT/LANDLORD:	CITY:	STATE:	ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF OFFENSE:	COUNTY:	STATE:				

**PLEASE PROVIDE A MINIMUM OF TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES**

NAME	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON? _____ Years _____ Months		
NAME	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON? _____ Years _____ Months		
NAME	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON? _____ Years _____ Months		
NAME	CITY:	STATE:	AREA CODE + PHONE #:
RELATIONSHIP: <input type="checkbox"/> FRIEND <input type="checkbox"/> CO-WORKER <input type="checkbox"/> BUSINESS ASSOCIATE <input type="checkbox"/> OTHER	HOW LONG HAVE YOU KNOWN THIS PERSON? _____ Years _____ Months		

**APPLICANT'S DISCLOSURE, RELEASE AND CONSENT**

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 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 is 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 _____



**THINGS TO REMEMBER**

The rental application(s) must be returned to Bell Properties in order for it to be processed. It can be dropped in office or in the night time drop slot by the front door but it must include the following items in order to process and determine your eligibility:

The cost is \$32 per single adult or \$37 per married couple. If the application is for a married couple with different last names, we will need a copy of the marriage certificate. If a marriage certificate cannot be provided, there will be two application fees. Credit laws do not allow credit reporting agencies to access a joint credit report of a couple with different last names unless there is proof of marriage.

- The **completed application** filled in its entirety (Type or Print clearly)
- **Credit / Debit** information with **applicant signature** for processing the charge.
- Your **photo ID** (without – application will not be run)
- If applicable, the **marriage certificate**
- Copies of all working applicants' two (2) most recent **pay stubs**
- If self employed, applicants most recent year's **tax return**