Rental Application
Briarwood Commons of Ellensburg, LLC

Date of Application:_____ Apartment Size Applied For (Bedrooms):_____

PLEASE PRINT CLEARLY AND DO NOT LEAVE BLANK LINES. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE COMPLETE ONE APPLICATION FORM PER ADULT APPLICANT.

PRINT NAME (FIRST, MI, LAST):_____

EMAIL ADDRESS:_____

CONTACT PHONE NUMBER:_____

DESIRED MOVE-IN DATE:_____

CURRENT RESIDENTIAL HISTORY

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

FROM:_____TO:_____MONTHLY RENT:_____

MANAGERS NAME:_____ CONTACT #:_____

REASON FOR RELOCATING:_____

PERSONAL INFORMATION

DATE OF BIRTH:_____ SOCIAL SECURITY NUMBER:_____

VALID STATE ISSUED IDENTIFICATION NUMBER:_____STATE:_____

EQUAL HOUSING OPPORTUNITY

BANK ACCOUNT

INSTITUTION NAME:_____ACCOUNT TYPE:_____

BALANCE:_____ ACCOUNT NUMBER:_____

INSTITUTION NAME:_____ACCOUNT TYPE:_____

BALANCE:_____ ACCOUNT NUMBER:_____

EMPLOYMENT

EMPLOYER NAME:_____Position:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

EMPLOYER CONTACT NUMBER:_____

EMPLOYER FAX NUMBER:_____

HOURLY WAGE:_____PAY FREQUENCY:_____

LENGHT OF EMPLOYMENT:_____AVERAGE HOURS WOKED PER WEEK:_____

AVERAGE OVERTIME HOURS WORKED PER WEEK:_____

SUPERVISOR NAME & TITLE:_____

ADDITIONAL INCOME

MONTHLY AMOUNT RECEIVED:_____INCOME SOURCE:_____

MONTHLY AMOUNT RECEIVED:_____INCOME SOURCE:_____

QUESTIONS

Have you ever been served an unlawful detainer notice or been evicted, not including any unlawful detainer or eviction resulting from the nonpayment of rent between March 1, 2020 and six months following the expiration of the Washington State eviction moratorium or December 31st, 2021, whichever is later? (circle one)

YES NO

If yes, include month/year and address:_____

Have you ever received a notice to pay rent or vacate and/or another unlawful detainer notice form a landlord, not including any notices to pay rent or vacate and/or unlawful detainer notice resulting from the nonpayment of rent between March 1, 2020 and six months following the expiration of the Washington State eviction moratorium or December 31st, 2021, whichever is later? (circle one)

YES NO

If yes, describe circumstances:_____

In the past 7 (seven) years, have you or any occupant been convicted of, or do you have any charges pending for a criminal offense? (circle one)

YES NO

If yes, please explain:_____

Do you have waterbed, aquarium, or other water filled furniture?

YES NO

OTHER OCCUPANTS (DEPENDANTS ONLY)

PRINT NAME (FIRST, MI, LAST):____

RELATIONSHIP:__________DATE OF BIRTH:__________________SSN:_________________________

PRINT NAME (FIRST, MI, LAST):____

RELATIONSHIP:__________DATE OF BIRTH:__________________SSN:_________________________

PRINT NAME (FIRST, MI, LAST):____

RELATIONSHIP:__________DATE OF BIRTH:__________________SSN:_________________________

PRINT NAME (FIRST, MI, LAST):____

RELATIONSHIP:__________DATE OF BIRTH:__________________SSN:_________________________

PRINT NAME (FIRST, MI, LAST):____

RELATIONSHIP:__________DATE OF BIRTH:__________________SSN:_________________________

PRINT NAME (FIRST, MI, LAST):____

RELATIONSHIP:__________DATE OF BIRTH:__________________SSN:_________________________

PRINT NAME (FIRST, MI, LAST):____

RELATIONSIHP:__________DATE OF BIRTH:__________________SSN:_________________________

PETS

NAME:________________________BREED:________________WEIGHT:___________AGE:_________

NAME:________________________BREED:________________WEIGHT:___________AGE:_________

REFRENCES

NAME (FIRST, LAST):____

EQUAL HOUSING OPPORTUNITY

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____RELATIONSHIP:_____

NAME (FIRST, LAST):_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____RELATIONSHIP:_____

VEHICLES

MAKE:_____MODEL:_____COLOR:_____

PLATE #:_____ YEAR:_____

MAKE:_____MODEL:_____COLOR:_____

PLATE #:_____ YEAR:_____

EMERGENCY CONTACT

NAME (FIRST, LAST):_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____RELATIONSHIP:_____

APPLICANT RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

In compliance with the Fair Credit Act and RCW 59.18.257 (2), this is to inform you that a credit investigation involving the statements made on this application for tenancy will be initiated. Any false, fraudulent or misleading information provided on the application may be grounds for denial of tenancy and/or forfeiture of rental or lease agreement. An incomplete application causes delay in processing and may result in denial of tenancy. If you are declined due to the consumer report, you may obtain a free copy of your credit report from the bureau it was obtained from within 60 days of denial. You also have the right to dispute the accuracy of the report and/or add a consumer statement to the report. This is NOT an agreement to rent and all applications must be approved. Disputes: If the screening of your application for tenancy included Appfolio's full credit report and you wish to dispute any or all information on your credit report, please contact Appfolio, Inc., Consumer Relations, 50 Castilian Dirve, Goleta, CA 93117.

A non-refundable processing fee of $30.00 (Thirty Dollars and 00/100) is required per applicant for non-refundable screening fees. Owner/agent does not accept comprehensive reusable tenant screening reports.

I certify to the best of my knowledge all statements included herein are true. I authorize the agent/owner for initial tenancy and again upon future lease modifications or renewals to verify the information provided on the application including, but not limited to, obtaining credit reports, character reports, civil and/or criminal records, verifying source of income and residency. I understand that false, fraudulent, or misleading information may be grounds for denial of tenancy and/or forfeiture of my rental or lease agreement.

_____(Applicant Initials) By initialing, I acknowledge having been notified in writing, or by posting, of what types of information will be accessed to conduct the tenant screening and what criteria may result in denial of the application as outlined by the owner's screening criteria, or which I have received a copy, and as required by RCW 59.18.257.

IN WITNESS WHEREOF, the undersigned applicant certifies they have read, understand, and executed this agreement on the dates shown below, and confirm they have received a copy:

APPLICANT NAME (PRINT):_____

APPLICANT SIGNATURE:_____DATE:_____