Ebenal Property Management
FAX 360-738-0969

AFFILIATED INFORMATION RESOURCES

INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING

MANAGER'S CHECK LIST - Visual proof of Driver's License or State I. D. ☐ YES ☐ NO Visual proof of Social Security card ☐ YES ☐ NO

☐ FULL ☐ STREAMLINE ☐ SHORT ☐ CO-SIGNER ☐ CREDIT ONLY ☐ CRIMINAL ONLY

MANAGEMENT COMPANY	APARTMENT COMMUNITY	REQUESTING AGENT	TELEPHONE #	FAX #

IN THE EVENT OF CO-RESIDENTS OTHER THAN SPOUSE, USE SEPARATE FORMS FOR EACH APPLICANT

☐ APPLICANT ☐ CO-APPLICANT ☐ ADD-ON ROOMMATE ☐ CO-SIGNER

MOVE IN DATE _____/_____/_____ RENT $_____ APARTMENT #_____

APPLICANT/SPOUSE INFORMATION

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE	SOC SEC#	DRIVERS LICENSE #	STATE	DOB
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE	SOC SEC#	DRIVERS LICENSE #	STATE	DOB

Name of Individuals to occupy Rental Unit: (Include Co-Apps/Roommates)	Other Names Used	Do you have Pets? Explain.

CURRENT RESIDENCE HISTORY

APPLICANT'S Present Address	Apt.#	City	State	Zip	Move-In Date	Phone	Monthly Payment
						( )	$

NAME OF PRESENT LANDLORD ☐ Mortgage Co. ☐ Apartment Community ☐ Other (Please check one box)	City	State	Zip	LANDLORD DAY PHONE	LANDLORD NIGHT PHONE

PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address	Apt.#	City	State	Zip	Move-In Date	Move-Out Date	Monthly Payment
							$

NAME OF LANDLORD ☐ Mortgage Co. ☐ Apartment Community ☐ Other (Please check one box)	City	State	Zip	LANDLORD DAY PHONE	LANDLORD NIGHT PHONE

EMPLOYMENT HISTORY

	City	State	Zip	Position	phone	Gross MONTHLY salary	Employment Dates
APPLICANT Employed By					( )	$	
APPLICANT Previous Employer					( )	$	
SPOUSE Employed By					( )	$	

ADDITIONAL INCOME

Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.

Amount of $_____ per_____. Source_____

IMPORTANT INFORMATION

	Relationship	Address	City	State	Zip	Phone
Name of APPLICANT'S Nearest Relative						( )
Name of SPOUSE'S Nearest Relative						( )

CONVICTED OF A CRIMINAL OFFENSE? Yes_____ No_____ (If Yes, Explain)	HAVE YOU EVER BEEN EVICTED ? Yes_____ No_____	HAVE YOU EVER FILED BANKRUPTCY? Yes_____ No_____

I understand I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of $_____. If my residency is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my residency is approved but I do not sign an apartment rental agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment at _____. If my residency is not approved then this fee shall be returned to me.

NON-REFUNDABLE APPLICATION FEE EARNED ON RECEIPT. $_____PAYABLE TO A.I.R.

In accordance with State and federal laws you are hereby notified that an investigation may be made by A.I.R. 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 accuracy of information provided by A.I.R. or by the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation an/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquiries to A.I.R., P.O. Box 14344 Spokane, WA 99214-0344. I/We certify that to the best of my/our knowledge all statement made herein is true and correct. I/We authorize A.I.R. 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 provided and 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 am aware that an incomplete application causes a delay in processing and may result in denial of residency.**

Signed_____ Applicant Date Signed_____ Spouse Date

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by A.I.R. is for the purpose of evaluating the applicant's residency and no other purpose.

Signed_____

EQUAL HOUSING OPPORTUNITY

It is the policy of the owners and managers of the _____ not to discriminate against anyone in any respect in the rental of apartments because of race, nationality, religion, sex, disability of family status / having children under the age of 18.