

Return Application To:



Phone: 360-675-3329
Fax: 360-679-2619
Email: cyoung@windermere.com
Non Refundable Screening Fee
\$33 Single \$38 Married

Address of Rental Property _____ Unit# _____
Applicant's Name _____ Date of Birth _____
Social Security# _____ Driver's License _____ ST_ Telephone _____
Spouse _____ Date of Birth _____
Social Security# _____ Driver's License _____ ST_ Telephone _____
Other Occupant's Name, Age and Relationship _____
Email: _____

CURRENT ADDRESS

PRIOR ADDRESS

Street _____
City _____ State _____ Zip _____
Apt# _____ Name of Apt _____
Move in Date _____ Move out Date _____
Rent/Own/Lease _____ Rent Amt _____
Landlord Mgmt Co. _____
Address _____
Landlord's Telephone _____

Street _____
City _____ State _____ Zip _____
Apt# _____ Name of Apt _____
Move in Date _____ Move out Date _____
Rent/Own/Lease _____ Rent Amt _____
Landlord Mgmt Co. _____
Address _____
Landlord's Telephone _____

**CURRENT EMPLOYER
Applicant**

**CURRENT EMPLOYER
Spouse**

Company _____
Telephone# _____ Supervisor _____
Address _____
Hire Date _____ Salary _____
Occupation _____ Full/Part Time

Company _____
Telephone# _____ Supervisor _____
Address _____
Hire Date _____ Salary _____
Occupation _____ Full/Part Time

Additional Income (other employment, child support, interest, etc.) _____
Bank _____ Account # _____ Telephone _____

Pets? Yes _____ No _____ If yes, number, size and type(s) _____
Have you ever used any other names? If Yes, name(s) _____
Have you ever been convicted of a crime? Yes_ No_ Have you ever been evicted or refuse to pay rent? Yes_ No_
Do you or any member of your household smoke? _____
Auto / Year /License 1) _____ 2) _____

Local Contact _____ Address _____ Telephone _____
Nearest Relative _____ Address _____ Telephone _____

In compliance with the Fair Credit Reporting Act, State and Federal Laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by AccuSearch Inc. I/We certify to the best of my/our knowledge all statements are true and complete. I/We further authorize AccuSearch Inc. to obtain credit reports, court/criminal records, character reports, general reputation, mode of living, rental references and employment history as needed to verify all the information put forth on this application.
SCREENING FEE IS NON-REFUNDABLE.

Applicant's Signature _____ Date _____
Spouse's Signature _____ Date _____

Screening Provided By:



P.O. Box 644
Ferndale, WA 98248
Phone: 1-877-646-4466
Fax: 1-877-646-4467

I authorize AccuSearch, Inc. to charge my credit card account.
____ Visa _____ MasterCard _____ American Express
Account Number _____
Amount \$ _____ Exp. Date _____ Code _____
Signature _____