

Local Property Management
 PO Box 31548
 Bellingham, WA 98228
 360-738-4874
 360-738-0969 Fax
 localproperties@comcast.net

Type of Report
 FULL
 STREAMLINE
 SHORT
 CO-SIGNER
 CRIMINAL ONLY
 OTHER _____

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

Visual proof of Drivers License or
 State I.D. YES NO

MANAGEMENT COMPANY	RENTAL/UNIT ADDRESS	REQUESTING AGENT	TELEPHONE #	FAX #

APPLICANT IS: APPLYING ALONE HAS CO-APPLICANTS (Include the name of the co-applicants and their relationship to you)

****INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING****

APPLICANT INFORMATION

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOC SEC#	DRIVERS LICENSE #	STATE	DOB
APPLICANT'S HOME PHONE	CELL PHONE	OTHER NAMES USED				

CURRENT RESIDENCE

(1) Applicant's Present Address	Apt.#	City	State	Zip	Move-In Date	Email	Monthly Payment \$
Present Landlord/Complex	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Phone () Landlord Fax ()

PREVIOUS RESIDENCE HISTORY

(2) Applicant's Previous Address	Apt.#	City	State	Zip	Move-In Date	Move-Out Date	Monthly Payment \$
Previous Landlord/Complex	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Phone () Landlord Fax ()
(3) Applicant's Previous Address	Apt.#	City	State	Zip	Move-In Date	Move-Out Date	Monthly Payment \$
Previous Landlord/Complex	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Phone () Landlord Fax ()

EMPLOYMENT HISTORY

(1) Applicant's Present Employer	City	State	Zip	Position	Phone ()	Gross MONTHLY salary \$	Employment Dates
(2) Applicant's Previous Employer	City	State	Zip	Position	Phone ()	Gross MONTHLY salary \$	Employment Dates

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 \$ _____ Frequency _____ Source _____

IMPORTANT INFORMATION

Name of Emergency Contact	Relationship	Address	City	State	Zip	Phone ()
Have you ever been convicted of any crime? (Do not list any offense for which you have successfully completed a deferred sentence.) <input type="checkbox"/> NO <input type="checkbox"/> YES Offense/Charge: _____ Level of Offense: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation Court/Location: _____ Case #:				Have you ever been evicted from any residence? If yes, list when, address and reason. <input type="checkbox"/> NO <input type="checkbox"/> YES Date: _____ Address: _____ Reason: _____		

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 AIRFACTZ.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by AIRFACTZ of the information 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 AIRFACTZ 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 and/or a written summary of your rights under the Fair Credit Reporting Act. Please direct all inquiries to AIRFACTZ, P.O. Box 141875 Spokane, WA 99214-0344. The venue for any legal action or proceedings related to this transaction, or breach of contract, or default, whether a lawsuit is filed or not, shall be properly laid in Spokane County, Washington. I certify that to the best of my knowledge all statements made herein are true and correct. I authorize AIRFACTZ to obtain such credit reports, character reports, verification of criminal history, and verification of rental and employment history and provide an investigative report to the undersigned landlord. I 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

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

Signed _____

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

