

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name(s): _____

Today's Date: _____

Present Address: _____

Size of Apt/House Desired: _____

City, State, & Zip: _____

Date Needed: _____

Home Phone: _____

of Occupancy: _____

Cell Phone: _____

Email: _____

Employer: _____

Position: _____

Pets: No Yes If yes, breed and # of pets:

Address applying for: _____

How Did You Hear About Us?

Rent amount: _____

- Sign Craigslist
 Bell-Anderson.net Homere rentals.net
 Rentalhouses.com Rentals.com
 Other: _____



If you are delivering your application in person or mailing it, please include the following information:

*Social Security Number: _____ *Birth Date: _____

*Driver's License Number: _____ *Driver's License Expiration Date: _____

If you are emailing or faxing the application to us, please leave this information blank. One of our representatives will call you to get your personal information before we can run your application. If you choose to send your personal information via email or fax you do so at your own risk and Bell-Anderson & Associates does not guarantee that your information is secure.

Green River Credit
Phone 253-852-8195 Fax 253-854-4831
APPLICANT SCREENING NOTICE
(Prospective Tenant)

CREDIT REPORTING AGENCY: Moco, Inc.
Customer Service
P. O. Box 2826
Seattle, WA 98111

1-800-257-8893

You are being charged for screening your application.

Screening your application includes calling your former landlord, employers and financial institutions. By signing the application for tenancy, you have authorized these individuals and/or agencies to release information to us so that we can evaluate your application.

We use the above named agency to provide credit information with regard to you and your application. If we deny you tenancy based on information provided by the above named agency, you have the right to contact the agency by telephone (listed below) to determine and/or dispute the accuracy of the information they have provided.

We are not required to release or disclose information provided to us by the agency, except as required under the federal Fair Credit Reporting Act. If you seek to review your credit reports or other such information, you should contact THE AGENCY DIRECTLY.

Your signature below acknowledges that you have received a copy of this notice.

APPLICANT

CO-APPLICANT

DATE

DATE

LANDLORD/AGENT

DATE

Bell-Anderson and Associates, LLC
Occupancy Standards for Residential Applications

It is Bell-Anderson and Associates, L.L.C.'s policy to actively pursue and offer equal housing for all persons regardless of race, color, religion, sex, national origin, familial status, disability or any other federal, state and local laws regarding fair housing.

*** All applicants are required to meet the following Occupancy Standards***

A. POLICIES:

1. All persons leasing an apartment, condo, or single-family residence must be of legal age to sign a contract- **18 years or older.**
2. Applicants must provide photo copy of picture ID for each person 18 years and older.
3. Incomplete applications, lies & omissions on application are grounds for denial.
4. **Bell-Anderson DOES NOT accept portable screening reports.**

B. INCOME REQUIREMENTS - The gross income to rent ratio to qualify is 3 to 1:

1. Applicants must have current, consistent and verifiable employment of at least 6 months. Please provide copies of at least 3 current, consecutive pay stubs.
 - a. Employment of less than 6 months may be considered if it is the same position/capacity and in the same industry as previously employed.
2. Self-employed applicants must provide previous 2 years tax statements and previous 3 months company bank statements.
3. Retired applicants must provide previous 3 months bank statements indicating their monthly direct deposit OR, provide documentation indicating monthly income, i.e. government letter of social security, disability, or retirement income.
4. College students without current income may be considered with a qualified co-signer and proof of full-time enrollment.
5. A **maximum** of 2 individual incomes may be combined to meet the income requirements.

C. VERIFIABLE RESIDENCY - Applicants must have 6 months of current, verifiable and positive rental history:

1. Recent college graduates may qualify without rental history only if all other criteria are met.
2. Relatives and friends are not acceptable rental references.
3. Daytime phone numbers are required for rental references.
4. If you do not have landlord references but have sold your home, provide a copy of the settlement paperwork. If you own a house that you are now renting, provide a copy of the lease agreement and your property manager's contact information.
5. Should the credit report come back with an "Address Discrepancy," applicants must provide proof of their current address. Acceptable forms of proof include: driver's license or valid state ID, current lease or mortgage statement, home utility or insurance bill, or a pay stub dated within the past 30 days

D. CREDIT CHECK:

1. Credit must be at least 60% positive overall.
2. **Applicants will not be accepted for the following derogatory credit records: Eviction and/or moneys owed to an apartment or landlord.**
3. Bankruptcies must be discharged 2 years prior to application as verified on the credit report.

E. CRIMINAL BACKGROUND CHECK:

1. Applicants will be denied if they have been convicted of a sex crime and are subject to a lifetime registration requirement.
2. Applicants will be denied if they have been convicted of the manufacturing or production of a controlled substance.
3. Applicants may be denied if they have been convicted of drug-related or violent criminal activities within the past 3 years.

NON-REFUNDABLE APPLICATION FEE:

1. **ALL APPLICATION FEES ARE NON-REFUNDABLE.**
2. Any persons age 18 or older are considered individual applicants and must pay a separate application fee (i.e. spouses, co-signers, roommates or family members). No cash or personal checks will be accepted.

APPLICATION ACCEPTANCE:

Upon acceptance of application, a holding fee is required to hold the property until move-in. This holding fee is non-refundable should the applicant decide not to rent the property. Holding fee payment must be a **money order or cashiers check only, made payable to Bell-Anderson** and provided within 48 hours after notification of approved application.

INSURANCE:

Approved residents will be required to provide proof of renter's insurance for the property with Bell-Anderson listed as "Additional Interest" PRIOR to signing the lease.

APPLYING BEFORE SEEING THE PROPERTY - IF APPLICABLE:

If you submit an application without taking the opportunity to physically visit and visually inspect the property, please understand that there are inherent risks and possible misunderstandings in leasing and occupying a residential unit "sight unseen," and the application fee will not be refunded should such misunderstanding occur.

Applicant

Date

APPLICATION TO RENT Apartment # _____ Move-in Date _____ Rent \$ _____ Lease _____

Applicant Roommate w/ _____ Cosigner Section 8

APPLICANT INFORMATION											
(LEGAL) Last Name		First		Middle						Date of Birth	
Other Names Used				Email Address				Contact Phone Number			
Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB		3	Full Name	Relationship	DOB		
	2	Full Name	Relationship	DOB		4	Full Name	Relationship	DOB		
Pets to occupy unit: Attach separate sheet if needed	1	Name	Type	Weight		2	Name	Type	Weight		

RESIDENCE HISTORY									
Present Address				City	State	Zip	From _____ To _____		Monthly Pmt
									\$
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord <input type="checkbox"/> Own <input type="checkbox"/> Rent									
Landlord Daytime Phone:					Landlord Evening Phone:				
Previous Address				City	State	Zip	From _____ To _____		Monthly Pmt
									\$
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord <input type="checkbox"/> Own <input type="checkbox"/> Rent									
Landlord Daytime Phone:					Landlord Evening Phone:				

EMPLOYMENT HISTORY									
Current Employer				Monthly Salary	Supervisor's Name			How long?	
				\$				Yrs	Mos
Address				City	State	Zip	Phone		Occupation/Department
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 nd job				Monthly Salary	Supervisor's Name			How long?	
				\$				Yrs	Mos
Address				City	State	Zip	Phone		Occupation/Department

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 \$ _____ per _____ Sources _____

VEHICLE INFORMATION									
Auto #1	Year	Make	Model			License State	License Number		
Auto #2	Year	Make	Model			License State	License Number		

EMERGENCY INFORMATION									
Nearest Relative		Relationship	Address			City	State	Zip	Phone
									()
Emergency Contact		Relationship	Address			City	State	Zip	Phone
									()
Personal Reference		Relationship	Address			City	State	Zip	Phone
									()

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Yes No
 IF YES, please list the date, city, state and type of all convictions: _____
 Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER? Yes No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? Yes No
 IF YES: APT NAME: _____ CITY _____ STATE _____

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee \$ _____ Check/Money Order # _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.