

Anyone over the age of 18 MUST fill out separate application.

Return Application To:

Rita Street LLC
702-A Metcalf St
Sedro Woolley, WA 98284

Phone: 360-755-3101
Fax: 360-755-6185



_____ Credit _____ Primary _____ Comprehensive _____ Comprehensive Plus

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

CURRENT ADDRESS

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

PRIOR ADDRESS

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

CURRENT EMPLOYER

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

ADDITIONAL INCOME

Source _____
Monthly Income _____
Contact _____
Telephone# _____
Comments _____

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 ___

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 _____

Screening Provided By:



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