



THE INFORMATION NETWORK  
www.ACRAnet.com

**MORTGAGE SERVICES • EMPLOYMENT SCREENING**

521 W. Maxwell Ave. Spokane WA 99201-2417  
Customer Service Direct: 509 324-1345 • 509 324-1249 • 1 800 304-1249  
Fax 509 324-1240 • 1 800 845-7435 • customerservice@ACRAnet.com

**"TENANT SCREENING • COMMERCIAL REPORTING"**

**THIS APPLICATION MUST BE COMPLETED IN FULL TO ASSURE PROMPT PROCESSING.**

Member Account # \_\_\_\_\_

Fax to: \_\_\_\_\_

**APPLICATION TO RENT**

Return Fax #: \_\_\_\_\_

**RENTAL UNIT INFORMATION**

Date of Application: \_\_\_\_\_ Drivers License # \_\_\_\_\_ ID:  SS  Mil. ID  ID Card  Other \_\_\_\_\_

Apartment/House Name: \_\_\_\_\_ Apartment/House Address \_\_\_\_\_  
Street City Zip

Unit # \_\_\_\_\_ Move In Date: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Mgmt. Company Name: \_\_\_\_\_

**APPLICANT INFORMATION**

**ALL NON-MARRIED ADULTS MUST FILL OUT A SEPARATE APPLICATION AND PAY A SEPARATE SCREENING FEE.**

Applicant Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
(Include Jr. or Sr. if Applicable)

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other Names used: (Please List) \_\_\_\_\_ Other Names used: (Please List) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Total Occupants: \_\_\_\_\_ Names: (Please List) \_\_\_\_\_ Pet?  Yes  No Description: \_\_\_\_\_

Have You Ever: Been Convicted Of A Criminal Offense? Yes  No  Been Evicted? Yes  No  Filed For Bankruptcy? Yes  No  If Yes To Any, Please Explain

**RESIDENT HISTORY**

Current Address Street Apt. # City  
State Zip Code Phone #  
Moved In \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
 Own  Rent  Lease  
Landlord or Mortgage Co. \_\_\_\_\_  
Address, City, State, Zip Phone #

Former Address Street Apt. # City  
State Zip Code Phone #  
Moved in \_\_\_\_\_ Moved Out \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
 Own  Rent  Lease  
Landlord or Mortgage Co. \_\_\_\_\_  
Address, City, State, Zip Phone #

**EMPLOYMENT HISTORY**

Applicant Current Employer Start Date  
Address, City, State, Zip Phone #  
Position Monthly Salary

Spouse Current Employer Start Date  
Address, City, State, Zip Phone #  
Position Monthly Salary

**EMERGENCY CONTACT**

Name of Nearest Relative/Contact Relationship Address, City, State, Zip Phone

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRAnet. Applicant/Co-Applicant understand that a NON-REFUNDABLE SCREENING FEE of \$ \_\_\_\_\_ will be paid to the landlord/agent at the time of application is submitted.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Position: \_\_\_\_\_