



WASHINGTON MUTUAL FINANCIAL CENTER
 601 WEST MAIN
 SPOKANE, WA 99201
 (509) 838-6541

DATE _____
 TIME IN _____

White copy - Office
 Yellow copy - Unit File



RENTAL APPLICATION

Complex _____ Address _____ Unit # _____
 Name _____ Phone # _____
 Social Security # _____ Drivers License _____ Birth Date _____
 Other Occupants: (If not a spouse of the applicant a separate application must be completed and processed)
 Name _____ Birthdate _____ Social Security # _____ Drivers License _____
 List Children Names & Ages _____
 Automobile Make _____ Model _____ Year _____ License Number _____
 Automobile Make _____ Model _____ Year _____ License Number _____
 Person to contact in case of emergency _____
 Relationship _____ Address _____ Phone Number (____) _____

RESIDENCE HISTORY

Current Address _____ Street _____ City _____ State _____ Zip _____
 Rent Paid \$ _____ Deposit Paid \$ _____ Dates Moved (In) _____ (Out) _____
 Current Landlord Name _____ Phone Number (____) _____
 Previous Address _____ Street _____ City _____ State _____ Zip _____
 Rent Paid \$ _____ Deposit Paid \$ _____ Dates Moved (In) _____ (Out) _____
 Previous Landlord Name _____ Phone Number (____) _____
 Previous Address _____ Street _____ City _____ State _____ Zip _____
 Rent Paid \$ _____ Deposit Paid \$ _____ Dates Moved (In) _____ (Out) _____
 Previous Landlord Name _____ Phone Number (____) _____

EMPLOYMENT HISTORY

Present Employer _____ Phone Number (____) _____
 Address _____ Position _____
 Salary or Wage \$ _____ per month _____ From _____ To _____ Supervisor _____
 Previous Employer _____ Phone Number (____) _____
 Address _____ Position _____
 Salary or Wage \$ _____ per month _____ From _____ To _____ Supervisor _____
 Spouse Employer _____ Phone Number (____) _____
 Address _____ Position _____
 Salary or Wage \$ _____ per month _____ From _____ To _____ Supervisor _____
 Other Monthly Income \$ _____ Source _____

BANKING INFORMATION

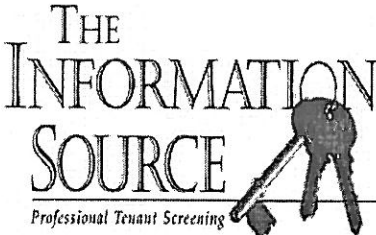
Bank _____ Branch Address _____
 Phone Number (____) _____ Checking Account # _____ Savings Account # _____

CREDIT ACCOUNTS & DEBTS

Company Name	Account Number	Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any pets or do you intend to get any pets? _____ If yes, what kind? _____
 Have you filed for Bankruptcy in the past 10 years? _____ Reason _____
 Applicant declares the information given on this application to be true under penalty of perjury. Applicant hereby grants permission to the owner/manager and/or agents of Kiemle & Hagood Co. to obtain credit and criminal history reports, to perform an eviction search, and to verify all information on this application.
 Applicant agrees to pay a \$ _____ non refundable application processing fee.
 Applicant Signature _____ Date _____
 Other Occupant Signature _____ Date _____

RELEASE AND AUTHORIZATION



DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including a credit report and information about your general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics, and a summary of your rights.

RELEASE AND AUTHORIZATION

I (we) voluntarily and knowingly authorize any present or past landlord or manager, present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my (our) rental history, criminal history, motor vehicle history, earnings history and employment records, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to *The Information Source, L.L.C.* and/or its agents or representatives. I (we) voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy or the authorization shall be as valid as the original.

APPLICANT SIGNATURE

FULL NAME (TYPE OR PRINT LEGIBLY)

SPOUSE SIGNATURE

FULL NAME (TYPE OF PRINT LEGIBLY)

DATE

MANAGER SIGNATURE