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|--|---------|
| Management: Company Name/Landlord Name | |
| Apartment Name/Property Address | |
| Manager's Name | Phone # |

LPS Inc.



This application must be completed in full to assure prompt processing.

Co-tenants must use separate applications.

Managers/landlords – visual proof of driver's license/or State ID ___ Yes ___ No

Please use separate forms for each applicant.

SERVICE REQUESTED: FULL SERVICE SHORT SERVICE CREDIT ONLY CO-SIGNER

Apartment # _____ Move in Date _____ Rent Amount _____ Parking Amount _____ Lease Term _____

| | | | | | |
|--------------------------------------|--|-------------|--|--------------|-----------------------------------|
| Applicant's Last Name (Please Print) | First | Middle Name | Birthdate | Soc. Sec No. | Driver's License No. & State I.D. |
| Total Number of Occupants? | Names? | | Have you used any other names? If yes, Name(s) | | |
| Do you have pets? Yes ___ No ___ | How many? _____ Type and Size (Keeping of pets requires a pet deposit and the Owner's Consent.) | | Nearest Relative _____ | Phone _____ | |

RESIDENCE HISTORY

| | | | | | | |
|---|------|-------|-----|------------------------|------------------------------|------------------------------|
| Present Address | City | State | Zip | From _____ To _____ | Applicant Phone: | Own Rent Monthly \$ _____ |
| ___ Name of Present Landlord ___ Apartment Community ___ Mortgage Co. ___ Other (Please Check One) | | | | | Landlord Phone: | |
| Previous Residence Address | City | State | Zip | From _____ To _____ | Own Rent Monthly \$ _____ | |
| ___ Name of Previous Landlord ___ Apartment Community ___ Mortgage Co. ___ Other (Please Check One) | | | | | Landlord Phone: | |

EMPLOYMENT DATA

| | | | | | | |
|--|-------------------|-------|---------------------------|---|--|-------------------------------|
| Applicant Employed By | Supervisor's Name | | Main Company Phone Number | | | |
| Address | City | State | Zip | How Long? ___ Yrs ___ Mnth | Position | Salary \$ _____ Per _____ |
| Previous or 2 nd Employment (Please Circle one) | | | Supervisor's Name | | | How Long? ___ Yrs ___ Mnth |
| Address | City | State | Zip | Company Number | Position | Salary \$ _____ Per _____ |
| ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be described unless such additional income is to be included for qualification hereunder. Amount of \$ | | | | Auto/Year/License | Do you have any recreational vehicles, vans, boats, or motorcycles? If so specify. | |
| Ever been found guilty of a crime? ___ Yes ___ No | | | | Ever filed bankruptcy? ___ Yes ___ No Year _____ | | |
| Ever been evicted? ___ Yes ___ No | | | | Smoker? ___ Yes ___ No | | |

Non-Refundable Process Fee \$ _____



In compliance with the Fair Credit reporting act, we are informing you that information as to your character, general reputation and mode of living will be verified. I, as the prospective tenant agree that the facts set forth in this application are true and complete, and that a complete investigation of all on this application will not constitute invasion of privacy. I authorize LPS Inc. to obtain credit reports, bank information, employment information, and/or character reports as necessary. I authorize my employers and references to release such information as necessary. LPS Inc. has my permission to release information found in screening. I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be grounds for denial of tenancy, or subsequent eviction. You have the right to dispute the accuracy of the information reported, and upon written request, the right to obtain a copy of any and all reports. Direct inquiries to- LPS Inc. 16625 Redmond Way, Ste#M-446, Redmond, WA 98052.

Signed _____ Dated _____
Tenant

Signed _____ Signed _____ Dated _____
Landlord Position



Property Management & Rentals

1004 Main Street, Sumner, WA
253-863-6122 - FAX 253-863-3425
www.spartanagency.com

Return the **COMPLETED** Application to the Spartan Agency, LLC

Include the following

- \$25 cash or money order per application.
- A completed application for each adult 18 or older.
- Valid picture ID and valid social security number for each adult.
- Verifiable income which is 2.5 times the monthly rent.
- Provide current pay stub.
- Self-employed applicants must provide a copy of business license and tax records.

Additional Requirements

- Unfavorable information for any individual applicant may result in denial of all applications for that group.
- A three (3) year residence history
- Maximum occupancy of no more than two (2) people per bedroom.
- Good credit history.

NOTICE

In compliance with State and Federal laws, this is to inform you that a consumer investigation involving statements made on this application is being initiated. This investigation may involve obtaining information regarding your character, general reputation, credit, mode of living and criminal background. You have the right to dispute the information reported. If this application is denied because of credit history, you may obtain a copy of your credit report from the credit-reporting agency. Spartan Agency LLC or landlord has my permission to release information found in screening for any purpose associated with tenancy of the premise.

I authorize Spartan Agency LLC to obtain credit reports, character information, verification of rental history, bank information, employment history, public records and personal reference as necessary to verify all information set forth in the application.

Applicant/Lessee/Tenant _____ **Date** _____

Company Name as Licensed: Spartan Agency LLC