



Member Account # 85181 Application To Rent (Please complete in Full to assure prompt processing)

Rental Unit Information				
Date of Application:		Complex: EMERALD DOWNS		
Complex Phone#: 509-334-6266	Fax#: 509-338-0508	Apartment Address: 910 NE PROVIDENCE CT., Pullman WA 99163		
Property:	Apt. #:	Lease Start Date:		
Apt Size:	Floor Preference:	Student ID _____		
Please List All Proposed Occupants				
Name:		Relationship:		
Name:		Relationship:		
Name:		Relationship:		
Applicant Information				
Full Name:			Phone:	
Email Address:		SSN/TIN/Passport:		
Date of Birth:	Drivers' License #:	State Issued:		
Current Address:				
City:		State	Zip:	
Landlord Name:		Landlord Phone:	Landlord Email:	
Move In:	Move Out:	Rent Amount:	Reason For Leaving:	
Previous Address:				
City:		State	Zip:	
Landlord Name:		Landlord Phone:	Landlord Email:	
Move In:	Move Out:	Rent Amount:	Reason For Leaving:	
Permanent Home Address/Country:				
City:		State:	Zip/Postal Code:	
Country:		Home Phone Number:		
Move In:	Move out:	Relative/Family Names:		
Employment Information				
Current employer:			Start Date:	
Employer address:		City:	State:	ZIP Code:
Phone:	E-mail:	Fax #:		
Position:	Monthly Income:	Any Additional Income:		
Vehicle Information				
#1 License Plate #:	State:	Make:	Model:	Color:
#2 License Plate #:	State:	Make:	Model:	Color:
Have You or any Residents Ever: Been Convicted Of A Criminal Offense? Yes <input type="checkbox"/> No <input type="checkbox"/> Been Evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> Filed For Bankruptcy Yes <input type="checkbox"/> No <input type="checkbox"/> Do you Request a Reasonable Accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> Do You Have a Pet and/or Service Pet/Animal? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes To Any, Please Explain				
Parent/Guardian/Advisor/United States contact ONLY – PLEASE CIRCLE ONE				
Name of a person not residing with you:			Phone:	
Address:		City:	State:	ZIP Code:
Relationship:				
<small>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 APPLICATION FEE of \$30.00 for a Single Applicant, \$33.00 Married Applicants - Each applicant must fill out a separate application form.</small>				
Date:	Applicant Signature:		Co-Applicant Signature:	
Date:	Property Manager Signature:		Payment Method Taken: Credit Card <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/>	



GENERAL CONTACT INFORMATION:

PACKAGE TYPE:

Mailing Address:

521 W. Maxwell Ave.
Spokane, WA 99201

- Comprehensive Report.....\$30.00
- Comprehensive Report Married..\$33.00
- Criminal Only Report.....\$15.00

Web Address:
www.ACRA.net.com

Total = _____

Contact Numbers:

Phone Spokane: 509-324-1249
Phone Toll Free: 1-800-304-1249
Fax Spokane: 509-324-1240
Fax Toll Free: 1-800-845-7435

<u>Credit Card Information</u> (DABCO Property Management)	
Applicant: _____	
Contact Number: _____	
Other Applicant's Being Paid For:	
1. _____	2. _____ 3. _____
Type Of Card (Circle One):	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Name On Card: _____	
Credit Card Number: _____	
Billing Address: _____	
Expiration Date: _____	Security Code Number: _____
Total Amount Being Charged: _____	
Cardholder's Signature _____	