



Member Account # 85762 Application To Rent (Please complete in Full to assure prompt processing)

Rental Unit Information				
Date of Application:		Complex: PIMLICO		
Complex Phone#: 509-334-1134	Fax#: 509-334-1144	Apartment Address: 1455 NE Brandi Way., 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-Aplicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Aplicant 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-Aplicant understand that a NON-REFUNDABLE APPLICATION FEE of \$32.00 for a Single Applicant, \$64.00 Married Applicants - Each applicant must fill out a separate application form.</small>				
Date:	Applicant Signature:		Co-Aplicant 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.....\$32.00
- Comprehensive Report Married..\$64.00
- Criminal Only Report.....\$17.00

Web Address:

www.ACRAnet.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

Credit Card Information
(DABCO Property Management)

Applicant: _____

Contact Number: _____

Other Applicant's Being Paid For:

1. _____ 2. _____ 3. _____

Type Of Card (Circle One):

Visa **Mastercard**

Name On Card: _____

Credit Card Number: _____

Billing Address: _____

Expiration Date: _____ Security Code Number: _____

Total Amount Being Charged: _____

Cardholder's Signature _____