



Member Account # 85184      Application To Rent (Please complete in Full to assure prompt processing)

Rental Unit Information				
Date of Application:		Complex: <b>PROVIDENCE COURT</b>		
Complex Phone#: 509-332-2300	Fax#: 509-332-7070	Apartment Address: 880 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-Applcant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applcant 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-Applcant 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-Applcant Signature:	
Date:	Property Manager Signature:		Payment Method Taken: Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <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 \_\_\_\_\_