



PO Box 141875
 Spokane, WA 99214
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 Fax (800) 290-7031
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 Email air@airfactz.com

Type of Report
 FULL - \$35
 FULL PLUS SPOUSE - \$38
 CO-SIGNER - \$12
 CO-SIGNER PLUS SPOUSE- \$15
 SHORT - \$28
 CRIMINAL ONLY - \$20

MOVE IN DATE ____/____/____
 RENT \$ _____
 APARTMENT # _____
 Visual proof of Drivers License or
 State I.D. YES NO

MANAGEMENT COMPANY	RENTAL/UNIT ADDRESS	REQUESTING AGENT	TELEPHONE #	FAX #

APPLICANT IS: APPLYING ALONE HAS CO-APPLICANTS (List on application)

HAS CO-SIGNER (Provide name of co-signer) _____ IS CO-SIGNER FOR _____

****INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING****

APPLICANT INFORMATION

APPLICANT'S LAST NAME		FIRST NAME		MIDDLE/SUFFIX	SOC SEC#	DATE OF BIRTH
DRIVERS LICENSE #		STATE	CELL PHONE ()		HOME PHONE ()	
OTHER NAMES USED			EMAIL ADDRESS			
SPOUSE'S LAST NAME		FIRST NAME		MIDDLE/SUFFIX	SOC SEC#	DATE OF BIRTH
DRIVERS LICENSE #		STATE	OTHER NAMES USED			
Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO				Is spouse a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		

LIST NAMES AND BIRTHDAYS OF ALL OTHER OCCUPANTS (INCLUDING CO-APPLICANTS)

OCCUPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH	OCCUPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH
OCCUPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH	OCCUPANT'S LAST NAME	FIRST NAME	DATE OF BIRTH

CURRENT RESIDENCE

(1) APPLICANTS PRESENT ADDRESS		APT#	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$		REASON FOR LEAVING			

PREVIOUS RESIDENCE HISTORY

(2) APPLICANTS PREVIOUS ADDRESS		APT#	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$		REASON FOR LEAVING			

(3) APPLICANTS PREVIOUS ADDRESS

(3) APPLICANTS PREVIOUS ADDRESS		APT#	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ()	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$		REASON FOR LEAVING			

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE ()
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MISCELLANEOUS INFORMATION

(1) PET TYPE AND BREED	AGE	WEIGHT	COLOR
(2) PET TYPE AND BREED	AGE	WEIGHT	COLOR
DO YOU HAVE LIQUID FILLED FURNITURE	DESCRIBE	DO YOU SMOKE	

EMPLOYMENT HISTORY			
(1) APPLICANTS PRESENT EMPLOYER		POSITION / TITLE	PHONE ()
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
(2) APPLICANTS PREVIOUS EMPLOYER		POSITION / TITLE	PHONE ()
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
SPOUSE'S PRESENT EMPLOYER		POSITION / TITLE	PHONE ()
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE

ADDITIONAL INCOME
Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder. Amount of \$ _____ Frequency _____ Source _____

ADDITIONAL INFORMATION
 Have you ever been convicted of any crime? (Do not list any offense for which you have successfully completed a deferred sentence.)
 NO YES Offense/Charge: _____
 Level of Offense: Felony Misdemeanor Violation
 Court/Location: _____ Case #: _____
 Have you ever been evicted from any residence? If yes, list when, address and reason. NO YES Date: _____
 Address: _____
 Reason: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ HAVE YOU OR ANYONE IN THE HOUSEHOLD EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER? _____

VEHICLE INFORMATION

(1) MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE
(2) MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE
OTHER VEHICLES TO BE STORED / USED			

I understand I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. If my residency is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my residency is approved but I do not sign an apartment rental agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment at _____. If my residency is not approved then this fee shall be returned to me.

NON-REFUNDABLE APPLICATION FEE EARNED ON RECEIPT. \$ _____ PAYABLE TO AIRFACTZ.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by AIRFACTZ of the information together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information provided by AIRFACTZ or by the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Please direct all inquiries to AIRFACTZ, P.O. Box 141875 Spokane, WA 99214-0344. The venue for any legal action or proceedings related to this transaction, or breach of contract, or default, whether a lawsuit is filed or not, shall be properly laid in Spokane County, Washington. I certify that to the best of my knowledge all statements made herein are true and correct. I authorize AIRFACTZ to obtain such credit reports, character reports, verification of criminal history, and verification of rental and employment history and provide an investigative report to the undersigned landlord. I further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. **I am aware that an incomplete application causes a delay in processing and may result in denial of residency.**

Signed _____ Applicant _____ Date _____ Signed _____ Spouse _____ Date _____

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by AIRFACTZ is for the purpose of evaluating the applicant's residency and no other purpose.

Signed _____ Agent _____ Date _____



It is the Policy of the owners and managers of _____ not to discriminate against anyone in any respect in the rental of apartment because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION

CARD TYPE VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD	CARD NUMBER	EXPERATION DATE
BILLING ADDRESS	APT#	CITY STATE ZIP
		SECURITY CODE

My signature below authorizes Airfactz, a background screening company, to conduct a background check, including a consumer credit report. I understand that Airfactz will charge the above credit card for this service for the amount checked above. I agree to pay for this charge according to the terms of my card holder agreement.

Signature _____ Date _____