

# Rental Application

**Acer NW Inc.**  
 5017 196<sup>th</sup> St SW #103  
 Lynnwood, WA 98036  
 Ph (425) 771-5756 or (206) 282-1415  
 Fax (425) 778-8613

Address/Property code: \_\_\_\_\_  
 Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Rent: 1<sup>st</sup> \$ \_\_\_\_\_  
 Deposit \$ \_\_\_\_\_

Last \$ \_\_\_\_\_  
 Pet Deposit: \$ \_\_\_\_\_

acernw@acernw.com / www.acernw.com

This application will be filed as part of your lease. Any falsified information will be grounds for immediate termination of the lease. Potential tenants authorize Acer NW Inc. to verify any and all information by inquiry, reports, public record, investigation & credit agencies. Acer NW Inc. observes the spirit and the letter of all equal opportunity laws.

Name: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Cell Phone # ( ) \_\_\_\_\_ Wk Phone # ( ) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Automobile: \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Rental dates: Start/End: \_\_\_\_\_ Rent per month: \_\_\_\_\_

Present Landlord: \_\_\_\_\_  
 Date \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Former Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Rental dates: Start/End: \_\_\_\_\_ Rent per month: \_\_\_\_\_

Former Landlord: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

Will anyone else be living in this house with you: \_\_\_\_\_  
 Name(s) \_\_\_\_\_ Name(s) \_\_\_\_\_

Marital Status: married \_\_\_\_\_ single \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_  
 Dependants: \_\_\_\_\_

Name	Age	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pets	Type	Size	Number
_____	_____	_____	_____
_____	_____	_____	_____

Company \_\_\_\_\_ Current Employer \_\_\_\_\_ Former Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_  
 Position \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Salary (mo) \$ \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

Do you have any other source of income? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per Month \_\_\_\_\_  
 Source: \_\_\_\_\_

Account References:  
 Checking Account: Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Account: Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Do You Smoke? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you own your own furniture? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been convicted of a crime involving illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you or anyone else applying for this unit, ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, What type and when Committed? \_\_\_\_\_  
 Are you or anyone else applying for this unit, required to register as a sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever: \_\_\_\_\_  
 Filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ Been Evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ Withheld Rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Nearst Relative not living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_