

## 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  
acernw@acernw.com / www.acernw.com

Address/Property code: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
City: \_\_\_\_\_  
Rent: 1<sup>st</sup> \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Deposit \$ \_\_\_\_\_ Pet Deposit: \$ \_\_\_\_\_  
Application Fee: \$ \_\_\_\_\_ Paid \_\_\_\_\_

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: \_\_\_\_\_ Date Rent per month: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ 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

### Current Employer

### Former Employer

Company	Address	Telephone ( )	Position	Supervisor	Salary (mo) \$	Employed From _____ Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

### Account References:

Checking Account: Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account: Bank \_\_\_\_\_ 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 ____	

In case of an emergency, who is authorized to handle your official personal matters? Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

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