

Acer NW Inc.

5017 196th St. SW, Ste. #103
Lynnwood, WA 98036
Ph (425) 771-5756
Fax (425) 778-8613
acernw@acernw.com / www.acernw.com

Address/Property code: _____
Unit #: _____
City: _____
Rent: 1st \$ _____ 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, records, 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 _____
Name _____	Age _____	Relationship _____	Social Security Number _____
Name _____	Age _____	Relationship _____	Social Security Number _____

Pets _____
Type Size Number

Current Employer

Former Employer

Company _____	_____
Address _____	_____
Telephone () _____	() _____
Position _____	_____
Supervisor _____	_____
Salary (mo) \$ _____	\$ _____
Employed From _____ Date _____	From _____ To _____ 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 filed for bankruptcy?	Yes _____	No _____
Have you ever been evicted?	Yes _____	No _____
Have you ever 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: _____

Please be advised, a landlord (within the Seattle city limits) is prohibited from requiring disclosure, asking about, rejecting an applicant, or taking adverse action based on any arrest record, conviction record, or criminal history, except for registry information as described in Subsection 14.09.025 A3., 14.09.025 A4., and 14.09.025 A5, and subject to the exclusions and legal requirements in Section 14.09.115.

Signature: _____ Date: _____