



TYPE OF REPORT

- Quick Check w/ Score
- Full Consumer Report w/ Score
- Comprehensive w/ Score
- Co-Signer Report
- Other _____

Jerry D. Abrams Company, Inc.
1060 Jadwin Ave. #150 Richland WA

APPLICATION TO RENT

Member Account # _____

Rental Unit Information					
Date of Application:		Unit Address:		Apt #:	
Mgt Co Phone#: 509.943.8323			Return Fax#: 509.946.7957		Student ID # _____
Move In:	Move Out:	Rent Amount:	Deposit:	Pet Deposit:	
Please List All Proposed Occupants					
Name:		Relationship:			
Name:		Relationship:			
Name:		Relationship:			
Applicant Information					
Full Name:		Phone #:	Email Address:		
Date of birth:	SSN:	Drivers' License #:	State Issued:		
Co-Applicant Information, if Married (If Not Married, Please Fill Out a Separate Application)					
Full Name:		Phone #:	Email Address:		
Date of birth:	SSN:	Drivers' License #:	State Issued:		
Applicants' Current Address:					
Landlord Name:		Landlord Phone:	City:	State:	Zip:
Move In:	Move Out:	Rent Amount:	Reason For Leaving:		
Applicants' Previous Address:					
Landlord Name:		Landlord Phone:	City:	State:	Zip:
Move In:	Move Out:	Rent Amount:	Reason For Leaving:		
Applicants' 2 nd Previous Address:					
Landlord Name:		Landlord Phone:	City:	State:	Zip:
Move In:	Move Out:	Rent Amount:	Reason For Leaving:		
Employment Information					
Current employer:			Start Date:		
Employer address:		City:	State:	ZIP Code:	
Phone:	E-mail:	Fax #:			
Position:	Monthly Income:	Any Additional Income:			
Co-Applicant 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					
Emergency Contact					
Name of a person not residing with you:			Phone:		
Address:		City:	State:	ZIP Code:	
Relationship:					
Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant 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-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of \$35 for a Single Applicant, \$50 for Married Applicants, \$10 for a Cosigner \$17 for Occupant Only (criminal/credit only) will be paid to the landlord/agent at the time of application is submitted.					
Date:	Applicant Signature:		Co-Applicant 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"/>		