

Rental Application

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

Address/Property code: _____
 Unit #: _____
 City: _____
 Rent: 1st \$ _____
 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
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 _____ 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 _____

Nearest Relative not living with you: _____ Relationship: _____
 Name: _____ Phone Number: () _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____