



# RESIDENT SCREENING SERVICES

P.O. BOX 2706, LYNNWOOD, WA 98036  
PHONE (425) 329-0793  
FAX (425) 329-0734

<b>Rental office must complete prior to processing:</b>	
Bldg. Name _____	Bldg. # _____
Bldg. Application # _____	Accepted By _____
Method of Payment _____	Check # _____
Apt. # _____	Rent \$ _____
Move-In Date _____	Concession \$ _____
	ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No



## CORPORATE APPLICATION

This apartment community provides an equal housing opportunity for all people. Criteria to qualify for corporate residency includes:

- Applying company must be a profit-generating corporation
- Verification of at least 1 current, active bank reference
- Verification of a minimum of 3 positive, current corporate references
- Positive payment history (minimum 1 year responsible credit use and current payments)

Upon investigation and verification of the information provided, Resident Screening Services will make a recommendation regarding an approval or denial of corporate residency.

Sole Proprietorship       Partnership       Corporation       Other \_\_\_\_\_

### APPLICANT INFORMATION

Legal or Registered Name of Company _____	Tax ID number _____	Secretary of State File Number _____	Years in Business _____
Principal Business Activity _____	Business Phone # _____	Business Fax # _____	
Name(s) of Corporate Occupants/Employees (must fill out a separate criminal background application for each)			

Sole Authorized Lease Signer \_\_\_\_\_ Title \_\_\_\_\_

Sole Authorized Lease Signer \_\_\_\_\_ Title \_\_\_\_\_

### ADDRESS INFORMATION

Current Address _____	Suite # _____	City _____	State _____	Zip _____	Years at current address _____
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### BANK REFERENCE INFORMATION

Bank Reference _____	Years as Customer _____	Account Officer _____	Phone Number _____
Address _____	City _____	State _____	Zip _____
Account Type _____	Account Number _____		

### BUSINESS REFERENCE INFORMATION

Business Reference #1 _____	Years as Customer _____	Account Officer _____	Phone Number _____
Address _____	City _____	State _____	Zip _____
Account Type _____	Account Number _____		

  

Business Reference #2 _____	Years as Customer _____	Account Officer _____	Phone Number _____
Address _____	City _____	State _____	Zip _____
Account Type _____	Account Number _____		

  

Business Reference #3 _____	Years as Customer _____	Account Officer _____	Phone Number _____
Address _____	City _____	State _____	Zip _____
Account Type _____	Account Number _____		

  

Business Reference #4 _____	Years as Customer _____	Account Officer _____	Phone Number _____
Address _____	City _____	State _____	Zip _____
Account Type _____	Account Number _____		

  

Business Reference #5 _____	Years as Customer _____	Account Officer _____	Phone Number _____
Address _____	City _____	State _____	Zip _____
Account Type _____	Account Number _____		

I agree to pay Resident Screening Services a non-refundable application fee in the amount of \$\_\_\_\_\_ which is earned upon the submission and receipt of this application. I understand I will be charged an additional fee of \$\_\_\_\_\_ (\*See NSF Schedule below) if my check is returned from the bank for any reason. I understand I acquire no rights in an apartment until I sign a rental agreement and submit a holding fee in the amount of \$\_\_\_\_\_. If my tenancy is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my tenancy is approved but I DO NOT sign an apartment rental agreement, this fee shall be forfeited to the landlord as liquidated damages for holding an apartment off the market at \_\_\_\_\_. If my tenancy is not approved, this fee shall be returned to me. The applicants copy of this application will serve as a receipt of payment for the screening charge collected. I authorize and direct Resident Screening Services to obtain such credit reports, criminal reports, verification of rental and employment history as it deems necessary to verify all information set forth in the above application. I further understand that false, fraudulent, misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

In accordance with State and Federal laws, you are hereby notified that an investigation may be made of the information you provided on this application together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information obtained from the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of this investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquiries to: Resident Screening Services - Consumer Interview P.O. Box 2706 Lynnwood, WA 98036 Phone (425) 329-0793 / Fax (425) 329-0734.

Applicant's Signature \_\_\_\_\_ Date / / \_\_\_\_\_

The undersigned agent for the above referenced apartment community certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

Agent's Signature \_\_\_\_\_ Date / / \_\_\_\_\_ (RSSCorp) (Rev. 8.09)

\*NSF Fee Schedule: WA = \$35    MT = \$30    OR, NV = \$25    ID, UT = \$20