

GRAF INVESTMENTS

410 S. FIRST STREET, P.O. BOX 100 SELAH, WA 98942 PH:509.697.4874 / FAX:509.697.4600 / EMAIL: grafinvestments@elltel.net

APPLICATION FOR RENTAL OF APARTMENT

HOUSING DESIRED: _____			DATE: _____		
APPLICANT: PHONE #: _____			APPLICANT: PHONE #: _____		
FIRST	LAST	MI	FIRST	LAST	MI
CURRENT ADDRESS _____			CURRENT ADDRESS _____		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOW LONG AT ADDRESS: _____			HOW LONG AT ADDRESS: _____		
PREVIOUS ADDRESS: _____			PREVIOUS ADDRESS: _____		
CITY	STATE	ZIP	CITY	STATE	ZIP
SOCIAL SECURITY: _____			SOCIAL SECURITY: _____		
BIRTHDATE: _____			BIRTHDATE: _____		
DRIVERS LICENSE #: _____			DRIVERS LICENSE #: _____		
verified			verified		
NUMBER & AGES OF CHILDREN: _____			NUMBER & AGES OF CHILDREN: _____		

EMPLOYMENT: POSITION _____			EMPLOYMENT: POSITION _____		
NAME OF FIRM: _____			NAME OF FIRM: _____		
ADDRESS OF FIRM: _____			ADDRESS OF FIRM: _____		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE # OF FIRM: _____			PHONE # OF FIRM: _____		
YOUR SUPERVISOR: _____			YOUR SUPERVISOR: _____		
GROSS MONTHLY INCOME: _____			GROSS MONTHLY INCOME: _____		
LENGTH OF EMPLOYMENT: _____			LENGTH OF EMPLOYMENT: _____		
PREVIOUS EMPLOYER: _____			PREVIOUS EMPLOYER: _____		
LENGTH OF EMPLOYMENT: _____			LENGTH OF EMPLOYMENT: _____		

CURRENT LANDLORD: _____			CURRENT LANDLORD: _____		
PHONE NUMBER: _____			PHONE NUMBER: _____		
AMOUNT OF RENT PAID: _____			AMOUNT OF RENT PAID: _____		

CLOSEST RELATIVE:			CLOSEST RELATIVE:		
NAME: _____			NAME: _____		
ADDRESS: _____			ADDRESS: _____		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE NUMBER: _____			PHONE NUMBER: _____		
RELATIONSHIP: _____			RELATIONSHIP: _____		

PERSONAL REFERENCE: _____			PERSONAL REFERENCE: _____		
ADDRESS: _____			ADDRESS: _____		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE NUMBER: _____			PHONE NUMBER: _____		

AUTO:			AUTO:		
YEAR: _____	COLOR: _____	MAKE: _____	YEAR: _____	COLOR: _____	MAKE: _____
LICENSE NUMBER: _____			LICENSE NUMBER: _____		
STATE: _____			STATE: _____		

*HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? () YES () NO IF YES: CITY _____ STATE _____
 OFFENSE(S) _____

LIST ALL EXCLUDING TRAFFIC OFFENSES, ATTACH SEPARATE SHEET IF NECESSARY

*ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER? () YES () NO

*HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? () YES () NO

*IF YES: CITY _____ STATE _____ LANDLORD NAME: _____ PHONE NUMBER _____

ALL APPLICATIONS WILL BE PROCESSED THROUGH THE YAKIMA CREDIT BUREAU.

I AGREE THAT OWNER MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE. I HEREBY GRANT PERMISSION TO OBTAIN A SCREENING REPORT FROM A CREDIT BUREAU. SCREENING OF APPLICATION MAY INCLUDE CONTACTING YOUR CURRENT AND FORMER LANDLORDS, EMPLOYERS, OBTAINING OF A CREDIT REPORT AND A PUBLIC RECORDS SEARCH WHICH INCLUDES CRIMINAL ACTIVITIES. BY SIGNING THE APPLICATION FOR TENANCY, YOU HAVE AUTHORIZED THESE INDIVIDUALS AND/OR AGENCIES TO RELEASE INFORMATION TO US AND THE ABOVE NAMED AGENCY SO THAT WE CAN EVALUATE YOUR APPLICATION. THIS APPLICATION AND THE CONTENTS THEREOF ARE CONSIDERED PART OF THE RENTAL AGREEMENT AND ARE SUBJECT TO APPROVAL BY THE OWNER OR HIS AGENT. ALL APPLICATION FEES ARE NON-REFUNDABLE.

APPLICANT

APPLICANT

DATE

APPLICANT SCREENING NOTICE

(Prospective Tenant)

(Prospective Tenant)

SCREENING/CREDIT REPORTING AGENCY:

Name: Equifax

Address: P.O. Box 740241

City: Atlanta State: GA Zip: 30374 Phone: 1-800-685-1111

You are being charged \$40.00 for screening your application.

Screening your application includes calling your former landlord, present landlord, employer(s), financial institutions, credit reporting agencies and court searches. By signing the application for tenancy, you have authorized these individuals and/or agencies to release information to us so that we may evaluate your application.

We use the above named agency to provide credit reports, public records search and other information with regard to you and your application. If we deny you tenancy based on information provided by the above named agency, you have the right to contact the agency by telephone (listed above) to determine and/or dispute the information they may have provided (they may require you to appear in person).

If you seek to review your credit reports or other such information, you should contact the agency directly.

Your signature below acknowledges that you have received a copy of this notice.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Landlord/Agent: _____ Date: _____