

All applicants over age 18 MUST complete a separate application, please return to:

EVERGREEN PROPERTY MANAGEMENT • 755 Winslow Way E. #201, Bainbridge Island, WA 98110
Phone 206.842.4975 • Fax 206.780.8157 • office@evergreen98110.com



_____ Credit _____ Primary _____ Comprehensive _____ Comprehensive Plus

RENTAL PROPERTY ADDRESS _____ Unit # _____

Applicant's Name _____ Date of Birth _____

Social Security # _____ Driver's Lic _____ Phone _____

Email Address _____

CURRENT ADDRESS

Street _____

City _____ State _____ Zip _____

Apt # _____ Apt Name _____

Move In Date _____ Moved Out Date _____

Rent/Own/Lease _____ Rent Amt _____

Landlord Name _____

Address _____

Landlord's Phone _____

PRIOR ADDRESS

Street _____

City _____ State _____ Zip _____

Apt # _____ Apt Name _____

Move In Date _____ Move Out Date _____

Rent/Own/Lease _____ Rent Amt _____

Landlord Name _____

Address _____

Landlord's Phone _____

CURRENT EMPLOYER

Company _____

Phone _____ Mgr _____

Address _____

Hire Date _____ Salary _____

Occupation _____ Full/Part Time _____

ADDITIONAL INCOME

Source _____

Monthly Income _____

Contact _____

Phone _____

Comments _____

Pets? Yes/No If yes, number, size and type(s) _____

Have you ever been: Convicted of a crime? Yes/No Evicted or refused to pay rent? Yes/No

Have you ever used another name? Yes/No If yes, name(s) _____

Auto(s)/Make(s)/Year(s)/License #(s) _____

Name of Local Contact _____ Address _____ Phone _____

Nearest Relative _____ Address _____ Phone _____

In compliance with the Fair Credit Report Act, state and federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by AccuSearch, Inc. I/We certify to the best of my/our knowledge that all statements are true and complete. I/We further authorize AccuSearch, Inc. to obtain credit reports, court/criminal records, character reports, general reputation, mode of living, rental references and employment history as needed to verify all the information put forth on this application. SCREENING FEE IN NON-REFUNDABLE.

Applicant's Signature _____ Date _____

I authorize AccuSearch, inc. to charge my credit card account: ___ Visa ___ MC ___ AX

Card Number _____ Exp Date _____ CID # _____

Signature _____