

Application must be filled out legibly

Anyone over the age of 18 MUST fill out separate application

**Return Application To:**  
**Evergreen Real Estate & Property Management**  
755 Winslow Way E #201  
Bainbridge Island, WA 98110

Email: evergreen98110@icloud.com  
Phone: 206-842-4975  
Fax: 206-780-8157



\_\_\_\_\_ Comprehensive \$44.00  
**SCREENING FEE IS NON-REFUNDABLE**

Address of Rental Property \_\_\_\_\_ Unit \_\_\_\_\_  
Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security# \_\_\_\_\_ Driver's License \_\_\_\_\_ Telephone \_\_\_\_\_  
Other Occupant's Name, Age and Relationship \_\_\_\_\_ Email \_\_\_\_\_

**CURRENT ADDRESS**

**PRIOR ADDRESS**

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ Name of Apt \_\_\_\_\_  
Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_  
Rent/Own/Lease \_\_\_\_\_ Rent Amt \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's Telephone \_\_\_\_\_  
 Please check if staying with family/friends

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ Name of Apt \_\_\_\_\_  
Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_  
Rent/Own/Lease \_\_\_\_\_ Rent Amt \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's Telephone \_\_\_\_\_  
 Please check if staying with family/friends

**CURRENT EMPLOYER**

**ADDITIONAL INCOME**

Company \_\_\_\_\_  
Telephone# \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Hire Date \_\_\_\_\_ Salary \_\_\_\_\_  
Occupation \_\_\_\_\_ Full/Part Time \_\_\_\_\_

Company \_\_\_\_\_  
Telephone# \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Hire Date \_\_\_\_\_ Salary \_\_\_\_\_  
Occupation \_\_\_\_\_ Full/Part Time \_\_\_\_\_

Do you have any animals? Yes No If yes, number, size and type(s) \_\_\_\_\_  
Have you ever used any other names? If Yes, name(s) \_\_\_\_\_  
Have you ever been convicted of a crime? Yes No Have you ever been evicted or refuse to pay rent? Yes No

Auto / Year /License 1) \_\_\_\_\_ 2) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

In compliance with the Fair Credit Reporting 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. I/We certify to the best of my/our knowledge all statements are true and complete. I/We further authorize AccuSearch 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 IS NON-REFUNDABLE.**

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

Screening Provided By: 103 E Holly St. Ste. #207  
Bellingham, WA 98225  
Phone: 1-877-646-4466  
Fax: 1-877-646-4467



I authorize AccuSearch to charge my credit card account.  
Visa MasterCard American Express Discover  
Card Number \_\_\_\_\_  
Amount \$ **44** Exp. Date \_\_\_\_\_ Code \_\_\_\_\_ Bill. Zip \_\_\_\_\_  
Signature \_\_\_\_\_