

# **Real Estate**

# **APPLICATION ACCEPTANCE POLICY:**

#### WHEN FILLING OUT THE APPLICATION:

- All information must be complete and signed by each applicant.
- The non-refundable application fee is \$30.00 per person. Processing will not begin until the application fee is received.
- Picture I.D. is required with the application (Driver's License, etc., with signature).

# • WE DO NOT ACCEPT A PORTABLE RE-USABLE SCREENING REPORT

#### **APPLICATION ACCEPTANCE POLICY:**

# 1. INCOME REQUIREMENTS:

- A) Applicants must have an income that equals or exceeds  $3 3\frac{1}{2}$  times the amount of rent, or as determined by the owner's criteria. Debt balances will also be a factor.
- B) Income must be obtained from a permanent position or reliable and verifiable guaranteed source.
- C) Income must be considered legal by Federal, State and Local laws.
- D) Self-employed individuals must submit last 2 years Federal income tax returns, complete with all schedules signed by you and filed with the IRS.

#### 2. EMPLOYMENT REQUIREMENTS:

- A) Employer must have a licensed business or file income tax with government agencies.
- B) Employment must be verifiable for a one year period. Income must be verifiable through employer contract, current paycheck stubs, or tax records. Employment through school doctorate studies, Federal, military, State grants, and interns will be considered.

#### 3. IDENTIFICATION:

- A) Applicant(s) must provide unmistakable identification. A driver's license or other picture I.D. is required.
- B) Social Security number must be provided; Social Security cards may be requested.

#### 4. PUBLIC RECORDS:

A) Management agrees to limit screening of criminal conviction history to serious offenses against person(s) and /or property. Crimes listed below that were released or terminated from probation less than 7 years from the date of this application may result in denial of application.

| Murder  | Manslaughter                                |  |  |  |
|---|---|--|--|--|
| Assault   | Robbery                                     |  |  |  |
| Rape  | Child Molestation                           |  |  |  |
| Rape of a child   | Kidnaping                                   |  |  |  |
| Theft   | <b>Identity Theft</b>                       |  |  |  |
| Prostitution  | Burglary                                    |  |  |  |
| Malicious Mischief  | Arson                                       |  |  |  |
| Reckless Burning  | Delivery of a controlled substance          |  |  |  |
| Possession of a controlled substance  | Manufacturing a controlled substance        |  |  |  |
| Lewd Conduct  | Solicitation of a Minor for Immoral purpose |  |  |  |
| Registration Requirement under Federal or State Sex Offender Registration Act |   |  |  |  |

B) In matters relating to criminal conviction history, circumstances and mitigating facts that may be considered include:

Nature and severity of past conduct; age of individual at time of conduct; evidence of good tenant history before or after conviction or conduct; evidence of rehabilitation and treatment efforts; restitution of damages if any; nature of severity of offenses(s); number of similar past offenses or lack thereof; and impact of housing decision on other non-offending household members.

C) Applicant(s) with an arrest and pending criminal case will be evaluated based upon the facts of the underlying case to determine if conduct justifies exclusion as a threat to others or property. If the applicant has a criminal case pending, for any crime set forth on the Standard Criminal Addendum, the application will be put on hold until the case has been finalized. The applicant(s) are not allowed to be approved to move in to a leasehold unit the criminal case is finalized and /or determined. Provided, management may limit application of this policy to conduct that would justify exclusion due to threat posed to person or Property.

#### **5. RENTAL INFORMATION:**

- A) Current and previous verifiable landlord references covering 2 years of rental history shall be listed on the rental application together with the telephone numbers and contacts.
- B) Applicant shall provide current and previous reliable rental history, mortgage history, private contracts, or school dormitory reference.
- C) Derogatory rental history may result in denial.

# 6. APPLICANT, SPOUSE / PARTNER INFORMATION:

- A) All landlord, rental, employment and additional information requested on the rental application must be completed.
- B) Inability to produce or refusal to produce information will result in denial.
- C) False information will result in denial.
- D) Picture I.D. with signature is required.

#### 7. ROOMMATES:

We do not accept roommate situations of 3 or more unrelated people.

If two unrelated people are applying for a property as roommates, we will qualify both individuals choosing the strongest applicant. The strongest applicant would be our Tenant/Lessee and the other person would not be our Tenant but would instead be an allowed occupant by our Tenant/Lessee. The person that is our Tenant/Lessee must be able to stand on their own under our qualifying guidelines with no reliance on anticipated financial contribution by the additional allowed occupant. The person that is our Tenant/Lessee is 100% responsible under the terms of the lease and this is their home. If things don't work out between the Tenant and their allowed occupant, it is up the Tenant to severe ties with their allowed occupant.

# **8. CREDIT REQUIREMENTS\*:**

- A) A credit report will be run. You must have a minimum credit score of 650. Current and previous credit will be evaluated. You must authorize a credit & criminal report.
- B) Any recorded unlawful detainer action, unpaid collection, unpaid rental judgments, or negative rental trade accounts on the credit bureau report may result in denial.
- C) Any past negative credit accounts on the credit bureau report will be reviewed and evaluated and taken into consideration with the applicant's current economic situation.
- D) Any open bankruptcy will result in denial.

\* If a consumer report is used, the name and address of the consumer reporting agency and the prospective tenant's rights to obtain a free copy of the consumer report in the event of denial or other adverse action and to dispute the accuracy of the information appearing in the consumer report.

# 9. CO-SIGNERS OR GUARANTORS:

A) We do not accept co-signers or guarantors.

# 10. INABILITY TO MEET ANY OF THE ABOVE CRITERIA MAY RESULT IN THE FOLLOWING:

- A) Denial of application for tenancy.
- B) Approval of application with the last month rent paid in advance, increased security deposit, or all of the above stipulations.

#### WHAT'S NEXT? NOW THAT YOU HAVE SUBMITTED YOUR APPLICATION...

The screening process will take anywhere from one to three business days depending upon:

- The completeness of information provided on the application
- Response time of the references
- Documentation you may be asked to provide.

Once the screening process is complete, all the information provided will be evaluated. At that time a decision will be made based on the application Acceptance Policy, provided herein.

# **AFTER ACCEPTANCE:**

- 1. A LEASE will be drafted and arrangements made for immediate SIGNING of the Lease Agreement. All persons named on the lease should be present for the signing unless special arrangements are made. The deposit will be paid at this time. Please make sure that payments are in the form of a CASHIER'S CHECK or MONEY ORDER payable to R.H. Cooke & Associates, Inc. THIS OFFICE DOES NOT ACCEPT CASH. When the lease has been signed by all parties, and the deposit is received, you will receive a tenant's copy of the lease.
- 2. It is important that you do not delay signing the lease as the property will continue to be offered for lease to others until such time as a lease is signed.
- 3. You will be responsible for contacting the appropriate utility companies for service, to commence on the beginning date of the Lease/Rental Agreement.
- 4. An appointment will be set for the MOVE-IN INSPECTION of the property, and the balance of the Move-In funds must be paid at this time, as previously outlined.
- 5. You will be given during normal business hours (week-days from 8:30 a.m. to 5:30 p.m.) the keys, garage-door openers (if applicable), etc. at Move-In.



# **Rental Application**

| Address you are                             | applying for                          | orint e      | or t           | ype (to be comp    | leted by eac                          | ch a | dult           | : occupan    | t)        |  |
|---|---------------------------------------|--------------|----------------|--------------------|---------------------------------------|------|----------------|--------------|-----------|--|
| Address:                                    |                                       |              |                |                    |                                       |      |                |              |           |  |
| Date you would like to move in:             |                                       |              |                |                    |                                       |      |                |              |           |  |
| Applicant Inform                            |                                       |              |                |                    |                                       |      | -              |              |           |  |
| Email Address:                              |                                       |              |                |                    |                                       |      |                |              |           |  |
| Name:                                       |                                       |              |                |                    |                                       |      |                |              |           |  |
| Date of high.                               |                                       |              |                |                    |                                       |      |                |              |           |  |
| Occupants Other Than Applicant  SSN: Phone: |                                       |              |                |                    |                                       |      |                |              |           |  |
| Name: Age:                                  |                                       |              |                |                    |                                       |      |                |              |           |  |
| Name: Age:                                  |                                       |              |                |                    |                                       |      |                |              |           |  |
| Name:                                       |                                       |              |                |                    |                                       |      |                | Age:         |           |  |
| Name:                                       |                                       |              |                |                    | Age:                                  |      |                |              |           |  |
| Auto Information                            |                                       |              |                |                    |                                       |      |                |              |           |  |
|   |                                       |              |                |                    |                                       |      | License Nu     | ense Number: |           |  |
| Year:                                       | Mark:                                 |              | Col            |                    | State:                                |      | License Nu     |              |           |  |
| Residence Histor                            |                                       |              |                |                    |                                       |      |                |              |           |  |
| CURRENT ADDRESS                             | :                                     |              |                |                    |                                       |      |                |              |           |  |
| Own Rent (Please check one)                 |                                       |              | hly p          | payment or rent:   |                                       |      |                |              | How long? |  |
| Current address:                            |                                       | <u> </u>     |                |                    |                                       |      |                |              |           |  |
| City:                                       |                                       | State        | :              |                    |                                       |      |                |              | ZIP Code: |  |
| PREVIOUS RENTALS                            | i: -                                  |              |                |                    |                                       |      |                |              |           |  |
| Own 🗌 Rent 🗌 (Pl                            | ease check one)                       | Mont         | hly p          | ayment or rent:    |                                       |      |                |              | How long? |  |
| Previous address:                           |                                       |              |                |                    |                                       |      |                |              |           |  |
| City:                                       | · · · · · · · · · · · · · · · · · · · |              |                |                    |                                       |      |                | Landlord Ph  | none:     |  |
| Owned □Rented □(P                           | lease check one)                      | Mont         | hly p          | ayment or rent:    |                                       |      |                |              | How long? |  |
| Previous address:                           |                                       | <b>,</b>     |                |                    |                                       |      |                |              |           |  |
| City:                                       | State:                                | Landl        | ord I          | Name:              |                                       |      |                | Landlord Ph  | none:     |  |
| Employment, Inc                             | ome & Assets                          | Info         | ma             | tion               |                                       |      |                |              |           |  |
| Current employer:                           |                                       |              |                |                    |                                       |      |                |              |           |  |
| Employer address:                           |                                       |              |                |                    |                                       |      |                |              | How long? |  |
| Phone:                                      |                                       |              |                | mail:              |                                       |      |                | Fax:         |           |  |
| City:                                       |                                       | <del> </del> | State:         |                    |                                       |      |                | ZIP Code:    |           |  |
| Position:                                   |                                       | □н₀          |                | ☐Salary (Please o  | theck one)                            | +    | Annual income: |              |           |  |
| Bank Name:                                  |                                       | Branc        | :n:            | n: Acco            |                                       |      | ACCC           | ount Number: |           |  |
| Emergency Conta                             |                                       |              |                |                    |                                       |      |                |              |           |  |
| Name of a person not i                      | residing with you:                    |              |                |                    | · · · · · · · · · · · · · · · · · · · |      |                |              |           |  |
| Address:                                    |                                       | T            | 770 054        |                    |                                       |      | . Dhana        |              |           |  |
|   |                                       |              | State: ZIP Cod |                    |                                       |      | Code           | ) <u>:</u>   | Phone:    |  |
| Relationship:                               |                                       |              |                |                    |                                       |      |                |              |           |  |
| Co-applicant Information, if Married        |                                       |              |                |                    |                                       |      |                |              |           |  |
| Email Address:                              |                                       |              |                |                    |                                       |      |                |              |           |  |
| Name:                                       | ·                                     |              |                | SCN:               |                                       |      |                | Phone        |           |  |
| Date of birth: SSN: Phone:                  |                                       |              |                |                    |                                       |      |                |              |           |  |
| Current address:  City: State: ZIP Code:    |                                       |              |                |                    |                                       |      |                |              |           |  |
| City: State: ZIP C                          |                                       |              |                |                    |                                       |      | How long?      |              |           |  |
| Previous address:                           | ,                                     | 110110       | , ,,           |                    |                                       |      |                |              |           |  |
| City:                                       |                                       |              |                | State:             |                                       |      | П              | ZIP Code:    |           |  |
| □Owned □Rented                              | (Please check                         | one)         |                | Monthly payment or | rent:                                 |      |                |              | How long? |  |
| Co-applicant Emp                            | oloyment Info                         | rmati        | on             |                    |                                       |      |                |              |           |  |
| Current employer:                           |                                       |              |                |                    | •                                     |      |                |              |           |  |
| Employer address:                           |                                       |              |                |                    |                                       |      |                |              | How long? |  |
| Phone: E-mail: Fax:                         |                                       |              |                |                    |                                       |      |                |              |           |  |
| City:                                       |                                       | State:       |                |                    |                                       |      | $\Box$         | ZIP Code:    |           |  |
| Position:                                   |                                       |              | ırlv           | □Salary (PI        | ease check one)                       | 1    | Annu           | al income:   |           |  |

# Rental Application – Continued Please print or type (to be completed by each adult occupant)

| Co-applicant Employme  | nt Informati   | ion  |   |  |  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|--|--|
| Current employer:  |  |  | Market and American Street                                |  | A STATE OF THE STA |  |  |  |  |  |  |
| Employer address: How long?  |  |  |   |  |  |  |  |  |  |  |  |
| Phone:   |  | E-mail:  |   | Fax:   |  |  |  |  |  |  |  |
| City:  | State  | :  |   | ZIP Code   | :  |  |  |  |  |  |  |
| Position:  | □но  | ourly Salary   | (Please check one)  | Annual income:   |  |  |  |  |  |  |  |
| References (nearest rel  | ative or frie  | nd that will no  | t be living with you                                      | The second second  |  |  |  |  |  |  |  |
| Name:  |  | Address:   | ,                   | Phone:   |  |  |  |  |  |  |  |
| Name:  | 19 1 19 19   | Address:   |   | Phone:   |  |  |  |  |  |  |  |
| Information  |  |  |   |  |  |  |  |  |  |  |  |
| Will you or any other occupant be emotional support animal(s) or o                                       |  |  | (s),  |  |  |  |  |  |  |  |  |
| Have you or any other occupant ever filed a Petition in Bankruptcy?                                      |  |  |   |  |  |  |  |  |  |  |  |
| Have you or any other occupant   | ever been evicte   | ed?  |   |  |  |  |  |  |  |  |  |
| Have you or any other occupant   | ever been convi  | cted of a Felony?  |   |  |  |  |  |  |  |  |  |
| Are you or any other occupant a  | registered sex o   | ffender?   |   |  |  |  |  |  |  |  |  |
| If you answered yes to any of th   | ne above question  | ns explain below;  |   |  |  |  |  |  |  |  |  |
| Submitting False Information In the event the Landlord discovery   |  | or applicant, has mis  | represented or omitted a n                                | naterial fact duri   | ng the application for tenancy any   |  |  |  |  |  |  |
| prior consent of the Landlord sha<br>household members, shall imme<br>thereby requiring him/her/them     | all be deemed imed in occ  | nmediately revoked ou<br>upancy without the  | due to lack of informed cor<br>permission of the Landlord | sent. In such ev   | vent, the tenant, and all  |  |  |  |  |  |  |
| Applicant Agrees to  |  |  |   |  |  |  |  |  |  |  |  |
| permission of the landlord. I ag<br>any misstatement made and I ag<br>rental is re-rented or lease agree | ree that the Land<br>gree to pay Land<br>ement expires. A<br>icant agrees to | dlord may immediate<br>lord one half of one<br>pplicant hereby grar<br>pay \$30.00 per a | ely and without grace term<br>months rent as a re-rent f  | inate any agreen<br>ee, advertising a<br>ord to obtain a c | nd any vacant time until the redit report from a credit bureau.  |  |  |  |  |  |  |
|  | I authorize t  | he verification of   | all information provided                                  | d on this form.  | ч  |  |  |  |  |  |  |
|  | WE DO NOT  | ACCEPT A PORTAL  | BLE RE-USABLE SCREEN                                      | ING REPORT   |  |  |  |  |  |  |  |
| Signatures   | 112 00 1101  | A PORTA  | DEL RE OGRBEE SCREEN                                      | ALFORT.  | <b>克巴克斯斯斯</b> 克斯克斯斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯  |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |  |  |
| Signature of applicant: Signature  | e required hefore  | processing   |   | D  | ate:   |  |  |  |  |  |  |
| Signature of applicant: Signature  | e required before  | e processing   |   | Da   | ate:   |  |  |  |  |  |  |
| Signature of applicant: Signature Signature of co-applicant: Signature                                   |  | 12%  |   |  | ate:   |  |  |  |  |  |  |
|  |  | 12%  |   |  | <u> </u>   |  |  |  |  |  |  |
|  |  | 12%  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signat  |  | 12%  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signat  | iture required bei   | fore processing  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signature Comments  | iture required bei   | fore processing  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signature  Comments   | iture required bei   | fore processing  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signature  Comments   | iture required bei   | fore processing  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signature  Comments   | iture required bei   | fore processing  |   |  | <u> </u>   |  |  |  |  |  |  |
| Signature of co-applicant: Signature  Comments   | iture required bei   | fore processing  |   |  | <u> </u>   |  |  |  |  |  |  |

Return application to:
You can return application in person, via fax, or via email,
the application must be signed and payment received in order to be processed.

503 East Second Avenue, Spokane, WA 99202 / Tel: 509-327-2282 / Outside Washington: 800-669-6856 / Fax: 509-327-1402 / info@rhcooke.com / www.rhcooke.com



