



RENTAL APPLICATION

Complete a separate application if co-applicant. ANY person 18 years or older must fill out a full application and agree to a Screening Investigation to be considered for tenancy even if living with a parent. Screening fee is \$50/pp. Fill this out completely to avoid a delay in processing which could result in denial of tenancy.

APPLICANT INFORMATION (One application per person)

Name: _____ (Full Legal) FIRST MIDDLE LAST

SS#: _____ (Required by RCW Law) Date of Birth: _____

Dr. Lic # & State: _____ Telephone: _____

Applicant email: _____ Co/applicant email: _____

PROPERTY APPLYING FOR: _____

CURRENT ADDRESS: _____ Street City State Zip How long?

Own: ___ Rent: ___ Landlord/Mgr. if rental: _____

Landlord Telephone: _____ Amount of rent paid per month: \$ _____

PREVIOUS ADDRESS _____ (if less than 5 years at present address)

Own ___ Rent ___ Landlord/Mgr. _____ Telephone _____ (if rental)

Payments paid to: _____ Amount per month \$ _____

PRESENT EMPLOYER: _____

Name Street City Zip --- Type of Business _____ Position: _____

Supervisor's Name: _____ Telephone _____

Hire Date: _____ Monthly Net Income: \$ _____ (include all)

PREVIOUS EMPLOYER _____ (if less than five years on job)

Name Street City Zip ---- Type of Business: _____ Position: _____

Supervisor's Name: _____ Telephone: _____

Hire Date: _____ Termination Date: _____

ADDITIONAL OCCUPANTS - Name - Date of Birth - Relationship

Additional Income: (Interest, child support, etc) \$ _____

Bank _____ Branch _____ City, State _____

Checking Acct # _____ Savings Acct # _____

List installment payments made to mortgage, auto, other loans. Company Name City, State Acct No. Mo. Payment Loan Balance

Added comments use a 2nd page.

REFERENCES – Name/Relationship

IMPORTANT DISCLOSURES:

Have you or your co-applicant ever used any other name? Yes___ No___ If yes, what was your prior full name: _____ . Have you or any co-applicant: Been evicted? Yes_____ No_____ Refused to pay rent? Yes_____ No _____. Filed Bankruptcy? Yes_____ No_____. Been convicted of a felony? Yes ___ No ___. Have you or any other person named on this application ever been convicted for dealing, possessing or manufacturing illegal drugs? Yes ___ No ___

Do you have special needs? * Yes ___ No ___

Do you have or plan to have an animal of any kind? * Yes ___ No _____. Kind: _____

Do you have or plan to have a Service Animal of any kind? * Yes ___ No _____. Kind: _____

NOTICE: False statements are a crime and offenders will be aggressively prosecuted by our Attorney.

An outside agency will make an investigative report and present it to us for review. This report may include a criminal background search, a driving record check, employment history, social security number verification, and a credit inquiry. Other inquiries may include, but are not limited in, your character, general reputation, mode of living, phone call to current landlord and personal characteristics. By signing this document you are releasing any and all persons, companies, agencies, or others from liability resulting from your background investigation. You are entitled to receive a disclosure of information resulting from the investigation. We adhere to Fair Housing Laws as posted in our office.

THERE IS A \$50 SCREENING FEE REQUIRED per adult applicant, to process this application, which we must pay \$17 to AppFolio and \$33 for internal processing such as paying our agents to call past landlords and employers to verify all data. **Please include \$50 per adult applicant with this application.** Please, also include or bring in a legal photo ID, Social Security Card or Birth Certificate, Proof of Income (pay check stub or Tax return).

Signatures below attest to agreement with the above statements. The facts set forth in this application are true and complete. I/We understand that if any information in this application is found to be false, that there will be a denial of my application and/or subsequent tenancy. There will be NO refund of application fees under any circumstances.

***If your application is not approved** for any reason, ask about our "[Risk Management Program](#)".

Primary Applicant Signature: x _____ DATE _____

Co-Applicant Signature: x _____ DATE _____

BCI AGENT x _____

PRINTED NAME: _____ TITLE _____ DATE _____

***NOTICE:** Special needs tenants and Tenants who have Service Animals are a protected class by Law. Landlords may not ask why you have these needs nor any questions as to the conditions which require these, however Landlords may ask if you have such needs in order to supply any health or safety provisions as needed at the residence or for our records. Your application will never be turned down for any of these specific reasons. It is considered reasonable and fair for a Landlord to ask for a Doctor or Health Care Provider's Letter to attest to such needs and how we can help. All applications are confidential and protected.

PLEASE Remit \$50 payment with this form.

Return by Email/Fax APPLICATION TO:

BCI PROPERTIES, LLC

9702 South Tacoma Way, Lakewood WA 98499 or;

Mail to: P. O. BOX 44340, Tacoma 98448 or;

Email to: MANAGERS@BCIPROP.COM

Office phone: (253) 531-1010 | FAX (253) 531-5358