



PO Box 141875  
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 Email [air@airfactz.com](mailto:air@airfactz.com)

Type of Report  
 FULL  
 SHORT  
 CO-SIGNER  
 CRIMINAL ONLY  
 OTHER \_\_\_\_\_

MOVE IN DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 RENT \$ \_\_\_\_\_  
 APARTMENT # \_\_\_\_\_

Visual proof of Drivers License or  
 State I.D.  YES  NO

MANAGEMENT COMPANY	RENTAL/UNIT ADDRESS	REQUESTING AGENT	TELEPHONE #	FAX #

APPLICANT IS:  APPLYING ALONE  HAS CO-APPLICANTS (Include the name of the co-applicants and their relationship to you)

**\*\*INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING\*\***

APPLICANT INFORMATION				
APPLICANT'S LAST NAME	FIRST NAME	MIDDLE/SUFFIX	SOC SEC#	DATE OF BIRTH
DRIVERS LICENSE #	STATE	CELL PHONE ( )	HOME PHONE ( )	EMAIL ADDRESS
OTHER NAMES USED	LIST NAMES AND BIRTHDAYS OF ALL OCCUPANTS			
CURRENT RESIDENCE				
(1) APPLICANTS PRESENT ADDRESS	APT#	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE ( )	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS RESIDENCE HISTORY				
(2) APPLICANTS PREVIOUS ADDRESS	APT#	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE ( )	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$	REASON FOR LEAVING			
(3) APPLICANTS PREVIOUS ADDRESS	APT#	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE ( )	MOVE-IN DATE	MOVE-OUT DATE	
MONTHLY RENT \$	REASON FOR LEAVING			
EMPLOYMENT HISTORY				
(1) APPLICANTS PRESENT EMPLOYER	POSITION / TITLE		PHONE ( )	
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE	
(2) APPLICANTS PRESENT EMPLOYER	POSITION / TITLE		PHONE ( )	
SUPERVISORS NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE	
ADDITIONAL INCOME				
<i>Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder.</i> Amount of \$ _____ Frequency _____ Source _____				
IMPORTANT CONTACT INFORMATION				
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE ( )	
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE ( )	

MISCELLANEOUS INFORMATION			
(1) PET NAME	PET TYPE	BREED	COLOR
AGE	WEIGHT	LAST RABIES SHOT DATE	DATE SPAYED / NEUTERED
(2) PET NAME	PET TYPE	BREED	COLOR
AGE	WEIGHT	LAST RABIES SHOT DATE	DATE SPAYED / NEUTERED
DO YOU HAVE LIQUID FILLED FURNITURE	DESCRIBE		DO YOU SMOKE

ADDITIONAL INFORMATION	
<b>Have you ever been convicted of any crime? (Do not list any offense for which you have successfully completed a deferred sentence.)</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Offense/Charge:</b> _____ <b>Level of Offense:</b> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation <b>Court/Location:</b> _____ <b>Case #:</b> _____	
<b>Have you ever been evicted from any residence? If yes, list when, address and reason.</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Date:</b> _____ <b>Address:</b> _____ <b>Reason:</b> _____	
HAVE YOU EVER FILED FOR BANKRUPTCY?	HAVE YOU OR ANYONE IN THE HOUSEHOLD EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER?

VEHICLE INFORMATION			
(1) MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE
(2) MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE
OTHER VEHICLES TO BE STORED / USED			

I understand I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$\_\_\_\_\_. If my residency is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my residency is approved but I do not sign an apartment rental agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment at \_\_\_\_\_. If my residency is not approved then this fee shall be returned to me.

**NON-REFUNDABLE APPLICATION FEE EARNED ON RECEIPT. \$\_\_\_\_\_ PAYABLE TO AIRFACTZ.**

In accordance with State and Federal laws you are hereby notified that an investigation may be made by AIRFACTZ of the information together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information provided by AIRFACTZ or by the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Please direct all inquiries to AIRFACTZ, P.O. Box 141875 Spokane, WA 99214-0344. The venue for any legal action or proceedings related to this transaction, or breach of contract, or default, whether a lawsuit is filed or not, shall be properly laid in Spokane County, Washington. I certify that to the best of my knowledge all statements made herein are true and correct. I authorize AIRFACTZ to obtain such credit reports, character reports, verification of criminal history, and verification of rental and employment history and provide an investigative report to the undersigned landlord. I further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. **I am aware that an incomplete application causes a delay in processing and may result in denial of residency.**

Signed \_\_\_\_\_  
Applicant Date

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by AIRFACTZ is for the purpose of evaluating the applicant's residency and no other purpose.

Signed \_\_\_\_\_  
Agent Date



It is the Policy of the owners and managers of \_\_\_\_\_ not to discriminate against anyone in any respect in the rental of apartment because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION			
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER			
NAME ON CARD	CARD NUMBER		EXPERATION DATE
BILLING ADDRESS	APT#	CITY	STATE ZIP SECURITY CODE
<b>My signature below authorizes Airfactz, a background screening company, to conduct a background check, including a consumer credit report. I understand that Airfactz will charge the above credit card for this service for the amount checked above. I agree to pay for this charge according to the terms of my card holder agreement.</b>			
Signature _____		Date _____	