

# The Royce Group, Inc ~ All Property Application

1320 Lakeway Dr. #100 Bellingham, WA 98229 Phone: 360-752-9325 Fax: 360-752-1197

Address of Rental Property: \_\_\_\_\_

**Anyone over the age of 18 MUST fill out separate applications**



Credit: Primary:  Comprehensive:  Non-Refundable Application Fee: **\$35 per application**

<b>Applicant's Name:</b>		Birthdate:	
Social Security #:		Driver's License #:	
Phone #:		Email: (for company use ONLY)	
All Other Occupant's Name, Age and Relationship:			
<b>Current Address</b>		<b>Prior Address</b>	
Street:		Street:	
City	State Zip	City	State Zip
Move In Date:	Move Out Date:	Move In Date:	Move Out Date:
Rent/Own/Lease:	Rent Amt:	Rent/Own/Lease:	Rent Amt:
Landlord Name:		Landlord Name:	
Address:		Address:	
Landlord's Phone: ( )		Landlord's Phone: ( )	
<b>Current Employer</b>		<b>Additional Income</b>	
Company:		Source:	
Phone:	Supervisor:	Monthly Income:	
Address:		Contact Person:	
		Phone(s):	
Hire Date:	Salary:	Comments:	
Occupation:	Full / Part Time		
List Any Additional Income (other employment, child support, interest, etc.)			
Pets? Yes No Describe:			
Have you ever used any other names? Please list names used:			
Have you ever been arrested or convicted of a crime? If so, Describe:			
Have you ever been evicted or refused to pay rent? Yes No Do you smoke? Yes No			
Auto / Year/ Licence Plate 1)			
Auto / Year/ Licence Plate 2)			
Nearest Relative or Emergency Contact:		Relationship:	
Address:		Phone #:	
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, Inc. I certify to the best of my knowledge all statements are true and complete. I further authorize AccuSearch, Inc. and The Royce Group, 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. <b>SCREENING FEE IS NON-REFUNDABLE.</b>			

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

screening provided by:



P.O. Box 644 Ferndale, WA 98248 Phone: 360-383-9000 Fax: 360-383-9033  
 FAXED TO ACCUSEARCH Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

\$35 application fee received on: \_\_\_\_\_