

Rental Application Criteria ~ Allied Residential for King County Housing Authority sites

Rental history: 12 month valid, positive and verifiable rental history or home ownership.
Lack of 12-month rental history or home ownership will be grounds for an Increased Deposit

Credit: Credit Score (TransRisk Auto) of 625 or greater **OR** past due debt less than \$1000 to qualify for an approval.

A credit score that is less than 625, no established credit score, or derogatory credit (excluding medical, student loan debt and past due/foreclosed mortgage) from \$1000 - \$5000 will be grounds for Increased Deposit.

Derogatory credit (excluding medical, student loan debt and past due/foreclosed mortgage) in excess of \$5000 will result in denial of the application.

Employment: 12-months on the job or related consecutive work in the same field or verifiable fixed assets the value of which equal no less than 3 times the total lease amount. Less than required length of employment or assets will be grounds for Increased Deposit.

Income: Verifiable gross monthly income must equal no less than 2 times the monthly rental amount.
Income that is less than 2 times of the monthly rent or lack of verifiable income will be grounds for cosigner.

Identification: Valid identification with full name, date of birth and photo, and full social security number and/or valid, verifiable work visa, alien registration receipt card, temporary resident card, employment authorization card, tax payer's identification card or other identifications that could be used to verify applicants' eligibility and suitability. Falsification or lack of verifiable document will result in denial.

Conditional approval:
A. Approval with prepayment of increased deposit;
B. Approval with qualified co-signer.

Qualified co-signer:
Rental history: 12 months of valid, verifiable rental or mortgage history with no late payments.
Credit: A minimum credit score of TransRisk Auto score of 650 or its equivalent.
Employment: 12 months on the job or continuous, verifiable employment or fixed assets the value of which equals no less than 6 times of the total lease amount.
Income: Verifiable income equal no less than 4 times of the rental amount.
Residence: Must reside in the state of Washington

Grounds for denial will result from the following on all applicants (both convictions and pending charges)

- Falsification of rental application, non-disclosure of criminal records or lack of verifiable document.
- Verified unpaid eviction and/or rental collection and/or judgment within one year for financial reasons.
- Verified eviction and/or rental collection and/or judgment within five years for non-financial reasons.
(Paid eviction/rental collection/judgment may qualify for unconditional approval)
- Any open (non-discharged) bankruptcies
- Extreme and adverse rental history within five years, e.g. owing balances, documented more than three complaints and/or late payments and/or NSF checks in 12-month period, documented damages, abusive/violent behavior towards management staff or statement by landlord "Would not re-rent". (Less than 3 complaints, late rent payments, and NSF checks may qualify for an unconditional approval)
- Any conviction as follows within 7 years (from last date of disposition):

Theft (1st & 2nd degree)	Assault (1st, 2nd & 3rd)	Burglary (1st & 2nd)
Vehicle Prowling (1st degree)	Robbery (1st & 2nd)	Malicious Mischief (1st degree)
Reckless burning (1st degree)	Child molestation (All counts)	
Delivery or Sale of illegal drugs (All counts)	Possession of illegal drugs (All Counts)	
Possession of illegal drugs with intent to Deliver (All counts)		
- Any conviction as follows (no time limit):
Registered sex offender, Terror related, Murder, Kidnapping, Manslaughter, Arson



MANAGERS – Visual Proof of Drivers License or State I.D.: ☐ Yes ☐ No **I.D. Checked by:** _____
Each adult over the age of 18 must complete a separate application.

Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
Allied Residential				

☐ **Applicant**

☐ **Cosigner**

☐ **Section 8**

☐ **Alternative (screening) Program:**

☐ Co-Applicant w/ _____

☐ Add on to Existing Resident w/ _____

Date Faxed: _____

Time Faxed: _____

APPLICATION TO RENT

Apartment # _____

Rent\$ _____

Move In Date _____

APPLICANT INFORMATION																
(LEGAL) Last Name					First		Middle		Soc. Sec. #		Date of Birth					
Other Names Used			Drivers License #/State			Email Address				Contact Phone Number						
Other Persons to Occupy Rental:	1	Full Name				Relationship		DOB		3	Full Name		Relationship		DOB	
	2	Full Name				Relationship		DOB		4	Full Name		Relationship		DOB	
Pets to occupy unit: Attach separate sheet if needed	1	Name				Type		Weight		2	Name		Type		Weight	

RESIDENCE HISTORY																
Present Address					City		State		Zip		From _____ To _____		Monthly Pmt			
Landlord Name					<input type="checkbox"/> Mortgage Co		<input type="checkbox"/> Apartment Community		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Employer/Corp Housing		<input type="checkbox"/> Independent Landlord		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone:					Landlord Evening Phone:											
Previous Address					City		State		Zip		From _____ To _____		Monthly Pmt			
Landlord Name					<input type="checkbox"/> Mortgage Co		<input type="checkbox"/> Apartment Community		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Employer/Corp Housing		<input type="checkbox"/> Independent Landlord		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone:					Landlord Evening Phone:											

EMPLOYMENT HISTORY														
Current Employer					Monthly Salary		Supervisor's Name			How long?				
					\$					Yrs Mos				
Address					City		State		Zip		Phone		Occupation/Department	
<input type="checkbox"/> Previous Employer					<input type="checkbox"/> 2 nd job		Monthly Salary		Supervisor's Name			How long?		
					\$					Yrs Mos				
Address					City		State		Zip		Phone		Occupation/Department	

ADDITIONAL INCOME – 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

Amount \$ _____

per _____

Sources _____

VEHICLE INFORMATION					
Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION								
Nearest Relative	Relationship	Address			City	State	Zip	Phone
								()
Emergency Contact	Relationship	Address			City	State	Zip	Phone
								()
Personal Reference	Relationship	Address			City	State	Zip	Phone
								()

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
IF YES, please list the date, city, state and type of all convictions: _____

☐ Yes ☐ No

Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER?

☐ Yes ☐ No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD?
IF YES: APT NAME: _____ CITY _____ STATE _____

☐ Yes ☐ No

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Signed _____

Applicant

Dated _____

Signed _____

Landlord

Position

Dated _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

