Rental Application

Property:

Applicant information			
Applicant name First name	Last name		
Applicant social security number			
Applicant birth date	_		
Applicant current address Country	_		
Street	_		
City	State	Zip	
Applicant email			
Applicant home phone	_		
Emergency contact name First name	Last name		
Emergency contact relationship			
Emergency contact email	_		
Emergency contact phone	_		
	—		

Property information

Desired move-in date

Desired lease duration

Desired rent (optional)

Desired number of bedrooms (optional)

Desired number of bathrooms (optional)

Rental Property Address

Rental history

Rental address Country		
Street	-	
City	State	Zip
Rental dates	to	
Monthly rent		
Reason for leaving		
Landlord name	-	
First name	Last name	
Landlord phone number		
Landlord email (optional)	-	
	-	

Rental history 2

Rental address Country			
Street	_		
City	State	Zip	
Rental dates	to		
Monthly rent			
Reason for leaving			
Landlord name First name	Last name		
Landlord phone number	_		
Landlord email (optional)	_		

Rental history 3

Rental address Country			
Street			
City	State	Zip	
Rental dates	to		
Monthly rent			
Reason for leaving			
Landlord name First name	Last name		
Landlord phone number			
Landlord email (optional)			
Employment			
Employer name			
Employer address (optional) Country			
Street			
City	State	Zip	
Employer phone number			

Employer email (optional)	
Position held	-
Employment dates	-

to

Monthly gross salary

Supervisor name

First name

_

Last name

Supervisor title

Employment 2

Employer name			
Employer address (optional) Country			
Street			
City	State	Zip	
Employer phone number			
Employer email (optional)			
Position held			
Employment dates	to		
Monthly gross salary			
Supervisor name First name	Last name		
Supervisor title			

Employment 3

Employer name			
Employer address (optional) Country			
Street			
City	State	Zip	
Employer phone number			
Employer email (optional)			
Position held			
Employment dates	to		
Monthly gross salary			
Supervisor name First name	Last name		
Supervisor title			

Employment 4

Employer name		
Employer address (optional) Country		
Street		
City	State	Zip
Employer phone number		
Employer email (optional)		
Position held		
Employment dates	to	
Monthly gross salary		
Supervisor name First name	Last name	
Supervisor title		
Vehicles		
Vehicle make		
Vehicle model		
Vehicle color (optional)		
Vehicle year (optional)		

Vehicle license plate (optional)

Vehicles 2

Vehicle make

Vehicle model

Vehicle color (optional)

Vehicle year (optional)

Vehicle license plate (optional)

Pets

Pet type

Pet name (optional)

Pet age

Pet spayed or neutered

 \bigcirc Yes \bigcirc No

Pet license number (optional)

Pet weight (optional)

Pets 2

Pet type

Pet name (optional)

Pet age

Pet spayed or neutered

 \bigcirc Yes \bigcirc No

Pet license number (optional)

Pet weight (optional)

Pets 3

Pet type

Pet name (optional)

Pet age

Pet spayed or neutered

⊖ Yes ⊖ No

Pet license number (optional)

Pet weight (optional)

Other sections

Felony Criminal History

Criminal Charges

Terms and conditions

I acknowledge that I have received and reviewed Alpine IV, LLC's Rental Requirements located at https://alpineiv.com/rental-requirements (https://alpineiv.com/rental-requirements).

I acknowledge that I have received and reviewed a copy of the City of Tacoma's Tenant Information Packet per the City's City Ordinance 28559 located at the bottom of the page in a PDF https://alpineiv.com/rental-requirements (https://alpineiv.com/rental-requirements).

I understand that this is a routine application to establish credit, character, employment, and rental history. I also understand that this is NOT an agreement to rent and that all applications must be approved. I authorize verification of references given. I declare that the statements above are true and correct, and I agree that the landlord may terminate my agreement entered into in reliance on any misstatement made above.

Agreed to Agreed by

Cosigners		
Cosigner name First name	Last name	
Cosigner relationship		
Cosigner social security number		
Cosigner phone number		
Cosigner email		
References		
Reference name		
First name	Last name	
Reference relationship		
Reference phone number		
Reference email (optional)		

References 2

Reference name	
First name	Last name
Reference relationship	
Reference phone number	
Reference email (optional)	
References 3	
Reference name	
First name	Last name
Reference relationship	
Reference phone number	
Reference email (optional)	

By submitting this application I am giving Alpine IV, LLC permission to run a background check on myself and any cosigners.

Application fee:	\$40.00
Total:	\$40.00

Send payment to:

Alpine IV, LLC 705 S 9th Street Suite 102 Tacoma, WA 98405