

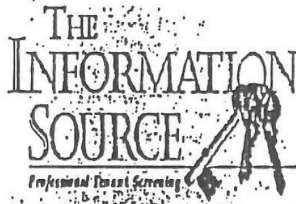


8225 N. Division St.
Spokane, WA 99208
509-252-7368 Fax: 509-326-2812

New Transactions

1. \$35.00 Non-Refundable Application Fee per Adult. Cash, Money Order or Cashier Check please.
2. A clear copy of your driver's license must be turned in with your application.
3. Only cashier's checks, money orders, and cash will be accepted through move-in. **No personal checks will be accepted.**
4. Damage/Security Deposit and Monthly Rent need to be **TWO (2) separate Transactions.**
5. Personal checks will be accepted starting the second month of your lease. No cash please.
6. Personal checks returned **NSF**, require a \$35.00 charge, plus any late fees, and no personal checks will be accepted for a (12) month period.

RELEASE AND AUTHORIZATION



DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including a credit report and information about your general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics, and a summary of your rights.

RELEASE AND AUTHORIZATION

I (we) voluntarily and knowingly authorize any present or past landlord or manager, present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my (our) rental history, criminal history, motor vehicle history, earnings history and employment records, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to *The Information Source, L.L.C.* and/or its agents or representatives. I (we) voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

APPLICANT SIGNATURE

FULL NAME (TYPE OR PRINT LEGIBLY)

SPOUSE SIGNATURE

FULL NAME (TYPE OF PRINT LEGIBLY)

DATE

MANAGER SIGNATURE

