



Crosspointe Apartments

MANAGER CHECKLIST

Visual proof of Driver's or State I.D. YES NO

MANAGEMENT COMPANY <i>Pacific West Management</i>	COMMUNITY CONTACT	COMMUNITY TELEPHONE <i>(509) 783-6200</i>	COMMUNITY FAX <i>(509) 783-6979</i>
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1 APPLICANT 2 APPLICANT ROOMMATE COX MANAGER COX EMPLOYMENT N/C Per _____

MOVE-IN DATE	RENT \$	DEPOSIT \$	LEASE	APARTMENT #
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In the event of co-tenants other than spouse, use separate forms for each applicant

APPLICANTS – Last Name	First	Middle	Soc. Sec #	Driver License and State	Birthdate
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APPLICANTS – Last Name	First	Middle	Soc. Sec #	Driver License and State	Birthdate
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OTHER PERSONS TO OCCUPY RENTAL PROPERTY	1	FULL NAME	RELATIONSHIP	DOB	3	FULL NAME	RELATIONSHIP	DOB	Type and size of pets: (Keeping a pet requires deposit and owner's consent)
	2	FULL NAME	RELATIONSHIP	DOB	4	FULL NAME	RELATIONSHIP	DOB	

PART 1 RESIDENCE HISTORY

Present Address	City	State	Zip	How Long? Yrs Mo's	OWN RENT	Phone ()	Monthly Payment \$
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Name of Present Landlord	City	State	Zip	(Please Check One) Mortgage Company Apartment Community Other	Landlord Day Phone ()	Landlord Fax ()
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PART 2 PREVIOUS RESIDENCE HISTORY

Previous Address	City	State	Zip	How Long? Yrs Mo's	OWN RENT	Phone ()	Monthly Payment \$
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Name of Previous Landlord	City	State	Zip	(Please Check One) Mortgage Company Apartment Community Other	Landlord Day Phone ()	Landlord Fax ()
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SPOUSE'S Previous Address	City	State	Zip	How Long? Yrs Mo's	OWN RENT	Phone ()	Monthly Payment \$
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Name of Previous Landlord	City	State	Zip	(Please Check One) Mortgage Company Apartment Community Other	Landlord Day Phone ()	Landlord Fax ()
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PART 3 EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor Name/ Co.	How Long? Yrs Mo's
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Address	City	State	Zip	Phone ()	Position	Annual Salary \$
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APPLICANT Previous Employer	Department	Supervisor Name/ Co.	How Long? Yrs Mo's
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Address	City	State	Zip	Phone ()	Position	Annual Salary \$
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SPOUSE'S Employed By	Department	Supervisor Name/ Co.	How Long? Yrs Mo's
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Address	City	State	Zip	Phone ()	Position	Annual Salary \$
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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 of \$ _____ per _____ Source _____

PART 4 CREDIT & LOAN REFERENCES

Auto # 1 (Year, Make, Model, Color)	License Plate	State	Payment made to	Monthly Payment \$
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Auto # 2 (Year, Make, Model, Color)	License Plate	State	Payment made to	Monthly Payment \$
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Loans	Account #	Address	Total Debt	Monthly Payment \$
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Charge Accounts and Credit	Account #	Address	Total Debt	Monthly Payment \$
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Bank or Savings and Loan	Account #	Address	Checking Account #
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