
River City Management, LLC Rental Application

Please make \$35.00 application fee payable to: RCM, LLC

Address of property: _____ Rent: _____ Deposit: _____

Last Name: _____ First name: _____ Middle Initial: _____

Birth date: _____ SSN: _____ - _____ - _____ Drivers License #: _____ State: _____

Cell phone #: _____, _____ Home phone #: _____

Email Address: _____

Present Address: (street) _____ (city) _____ (state) _____

(apt. #) _____ (zip) _____ Rent Amount: _____

How long at this address: _____ Owner/manager name: _____ phone #: _____

Reason for moving: _____

Previous Address: (street) _____ (city) _____ (state) _____

(apt. #) _____ (zip) _____ Rent Amount: _____

How long at this address: _____ Owner/manager name: _____ phone #: _____

Present Employer: _____ Phone #: _____

Address: (street) _____ (city) _____ (state) _____

(#) _____ (zip) _____

How Long: _____ Title: _____ Supervisor: _____

When are your pay periods: weekly/every other week/once a month: _____

Gross each payday: _____

Other Monthly Income: _____ Source: _____ Amount: _____

Have you ever filed for Bankruptcy? _____ if yes, has it been discharged? _____

Have you ever been evicted? _____ Do you own a waterbed? _____

Do you have pets? _____ Describe: _____

Do you smoke? _____ Do you allow others to smoke in your home? _____

Maiden name or any other married last

names: _____

Have you ever been convicted of a crime? Yes or No _____ if yes, what state(s) _____

Nearest relative: _____ Relation: _____ Phone #: _____

Address: _____

Vehicle make: _____ Model: _____ Color: _____ Plate # _____ State: _____

Name and birth date of others to occupy who are not adults (do not include co-applicants):

Name: _____ D.O.B. ____/____/____ Relationship: _____

Name: _____ D.O.B. ____/____/____ Relationship: _____

When returning your application please bring a copy of your drivers license, your social security card and a current pay stub or other proof of income verification. Information provided on this application will be used to conduct the tenant screening and any information that is falsified, incomplete or cannot be verified may be grounds for denial of application or subsequent termination of tenancy if application is approved.

Screening Company Used is REAL PAGE INC. 1-800-708-2172. Applicant may obtain a copy of the consumer report in the event of denial or other adverse action and to dispute the accuracy of the information appearing in the Consumer Report.

Applicant Initials: _____

The statements on this application are true and correct. I hereby authorize the owner or agent to verify the information on the front and back of this form, as well as, obtain a credit and criminal report. If accepted as a tenant, I am financially responsible for all charges incurred. I have received a copy of the application guidelines and understand the application process.

APPLICANT SIGNATURE: _____ DATE: _____

*Return completed application form including all necessary documentation to:

River City Management, LLC

2525 E 29th PMB 379

Spokane, WA 99223

*This is a UPS mailbox store located on the corner of South East Blvd. and 29th Ave., right next to Safeway.

*Criteria for Denial of Application: 1. An rental eviction- no matter how old. 2. Judgement and/or collection for damages or non-payment of rent. 3. Bad rental history report from previous landlord. 4. Non-discharged bankruptcy. 5. Multiple collections less than 3 years old (exception Medical). 6. Credit score less than 600. 7. Lack of employment. 8. Collection from utility company