



Parkwood

PROPERTY MANAGEMENT, INC.

APPLICANT NAME(S): _____
UNIT APPLYING FOR: _____

6219 Mt. Tacoma Dr. SW
Lakewood, WA 98499

Phone (253) 588-2266
Fax (253) 584-6417
www.parkwoodrentals.com

Extenuating Circumstance Consideration Request Form

Please consider the following Extenuating Circumstance during my screening process:

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_____ I have a non-traffic CRIMINAL _____ CHARGE/ _____ CONVICTION.

Date of Charge/ Conviction: _____

Type of Charge/ Conviction: _____

This is a _____ MISDEMEANOR / _____ FELONY/ _____ JUV RECORD

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_____ I have _____ STUDENT LOANS/ _____ MEDICAL BILLS in collections
or noted as PAST DUE on my credit report.

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_____ I have a _____ FORECLOSURE/ _____ SHORTSALE which has resulted
in a PUBLIC RECORD or REAL ESTATE DEBT on my credit history.

Date of FORECLOSURE/ SHORT SALE: _____

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Please give this/these items special consideration during my screening process.

APPLICANT DATE

APPLICANT DATE