

APPLICATION FOR TENANCY

Manager's Checklist: Visual proof of Driver's License or State I.D.: Yes No // Social Security Card: Yes No

PROPERTY	UNIT #	RENT AMT	REQUESTED MOVE-IN DATE

Incomplete or inaccurate information may result in process delay or denial of tenancy. Management reserves the right to refuse to consider this application unless it is filled out completely, dated and signed.

Applicant Name _____

Social Security # _____ - _____ - _____ Date of Birth _____

Driver's License # _____ Tel # _____

Email Address _____

Have you ever used any other name? (former name, etc.) If so, please list:

Current Address:
 _____ City _____ State _____ Zip _____

Name of Property _____ Unit / Apt # _____ Rent Amt \$ _____

Landlord Name _____ Dates From _____ To _____

Landlord / Property Tel # _____ Rent / Own / Lease / Other _____

Previous Address :
 _____ City _____ State _____ Zip _____

Name of Property _____ Unit / Apt # _____ Rent Amt \$ _____

Landlord Name _____ Dates From _____ To _____

Landlord / Property Tel # _____ Rent / Own / Lease / Other _____

Current Employer _____ Previous Employer _____

Address _____ Address _____

Occupation/Title _____ Occupation/Title _____

Dates From _____ To _____ Dates From _____ To _____

Wage \$ _____ per Hour/ Month Wage \$ _____ per Hour/ Month

Full-time / Part-time / On-Call / Other _____ Full-time / Part-time / On-Call / Other _____

Contact (Supervisor) _____ Reason for Leaving _____

Employer Tel # _____ Employer Tel # _____

All Others to Occupy Unit: (Management reserves the right to limit the number of occupants.)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

List all Pets to Occupy the Premises (with management approval only):

Have you ever ---

Filed Bankruptcy? Yes _____ No _____ Comments: _____

Broken a Rental Contract? Yes _____ No _____ Comments: _____

Been Sued for Non-Payment of Rent
or Damage to a Rental Property? Yes _____ No _____ Comments: _____

Been Evicted? Yes _____ No _____ Comments: _____

Been Convicted of a Criminal Offense? Yes _____ No _____ Comments: _____

Felony? Yes _____ No _____ If yes, please list County / State / Year:

Vehicles (Year/Make/Lic #):

1) _____

2) _____

Notify in Case of Emergency:

Name: _____ Relationship _____

Address _____ Tel # _____

TENANT SCREENING NOTICES:

In compliance with the Fair Credit Reporting Act and RCW 59.18.257, this is to inform you that a credit investigation involving the statements made on this application for tenancy is being initiated. If you are denied tenancy due to your credit report, you may obtain a free copy of your report from the bureau it was obtained from Equifax, Experian or TransUnion within 60 days of denial. You also have the right to dispute the accuracy of the credit report and/or add a consumer statement to the report. Call Eleanore Screening Services 1-800-945-4168 / Equifax Information Services 1-800-685-1111.

I certify that to the best of my/our knowledge, all statements made on this application for tenancy are true and complete. I further authorize _____ and/or their agents (Call Eleanore Screening Services) to obtain credit reports, character reports, civil and/or criminal records, tenant history, employment and income verification, bank information and any other type of information needed to verify all the information put forth in this application or information that would reflect upon my desirability as a tenant. I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy. I understand that false, fraudulent or misleading information may be grounds for denial of tenancy and/or forfeiture of my rental or lease agreement.

Date: _____ Applicant's Signature: _____