

MANAGERS • LIST-Visual proof of Driver's License or State I.D.  Yes  No I.D. Checked by: \_\_\_\_\_

MANAGEMENT COMPANY APARTMENT COMMUNITY COMMUNITY CONTACT COMMUNITY TELEPHONE #

CLIENT# \_\_\_\_\_

MANAGEMENT COMPANY APARTMENT COMMUNITY COMMUNITY CONTACT COMMUNITY TELEPHONE #

CRIMINAL ONLY  CREDIT ONLY  CREDIT / CRIMINAL  COMPREHENSIVE

Each adult over the age of 18 must fill out a separate application. (Married couples may fill out one application)

APPLICATION TO RENT APARTMENT # \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_ RENT \$ \_\_\_\_\_ LEASE \_\_\_\_\_

1 Applicant  Roommate w/ \_\_\_\_\_  Co-Signer  Section 8  Employment Check

APPLICANT'S (LEGAL) Last Name First Middle Soc. Sec. # Birthdate Driver's License # and State
SPOUSES (LEGAL) Last Name First Middle Soc. Sec. # Birthdate Driver's License # and State
Other persons to occupy rental property: 1 Full Name RELATIONSHIP DOB 3 Full Name RELATIONSHIP DOB
2 Full Name RELATIONSHIP DOB 4 Full Name RELATIONSHIP DOB Type and size of pets: (Keeping a pet requires a deposit and owner's consent)

RESIDENCE HISTORY

APPLICANT'S Present Address City State Zip From \_\_\_\_ To \_\_\_\_ Phone Monthly Payment \$
Name of Present Landlord Mortgage Co. Apartment Community Relative/Friend Employer/Corporate Housing Independent Landlord OWN RENT
Landlord Daytime Phone: Landlord Evening Phone:
APPLICANT'S Previous Address City State Zip From \_\_\_\_ To \_\_\_\_ Monthly Payment \$
Name of Previous Landlord Mortgage Co. Apartment Community Relative/Friend Employer/Corporate Housing Independent Landlord OWN RENT
Landlord Daytime Phone: Landlord Evening Phone:
SPOUSE'S Previous Address City State Zip From \_\_\_\_ To \_\_\_\_ Monthly Payment \$
Name of Previous Landlord Mortgage Co. Apartment Community Relative/Friend Employer/Corporate Housing Independent Landlord OWN RENT
Landlord Daytime Phone: Landlord Evening Phone:

EMPLOYMENT HISTORY (if transferring give a local contact number)

APPLICANT Employed By Monthly Salary \$ Supervisor's Name How Long? \_\_\_\_ Yrs. \_\_\_\_ Mo's.
Address City State Zip Phone Occupation / Department
APPLICANT Previous Employment Second Job Monthly Salary \$ Supervisor's Name How Long? \_\_\_\_ Yrs. \_\_\_\_ Mo's.
Address City State Zip Phone Occupation / Department
SPOUSE Employed By Monthly Salary \$ Supervisor's Name How Long? \_\_\_\_ Yrs. \_\_\_\_ Mo's.
Address City State Zip Phone Occupation / Department

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 \_\_\_\_\_

CREDIT & LOAN REFERENCES

Auto #1 (Make & Model) License Plate State Car Payment made to Address Monthly Payment \$
Loans, Charge Accounts & Credit Cards owed to Account # Address Total Debt \$ Monthly Payment \$
Bank or Savings and Loan Branch Address Checking Account #
Bank or Savings and Loan Branch Address Checking Account #

IMPORTANT INFORMATION

Name of APPLICANT'S Nearest Relative Relationship Address City State Zip Phone ( )
Name of APPLICANT'S Nearest Relative Relationship Address City State Zip Phone ( )
Emergency Contact Relationship Address City State Zip Phone ( )
Personal Reference Relationship Address City State Zip Phone ( )

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO IF YES: CITY STATE OFFENSE (S)
PLEASE LIST ALL OFFENSES EXCLUDING TRAFFIC OFFENSES, ATTACH SEPARATE SHEET IF NECESSARY.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT BE REQUIRED TO REGISTER AS A SEX OFFENDER? YES NO

HAVE YOU EVER BEEN ASKED TO VACATE BY CURRENT/PREVIOUS LANDLORD? YES NO

IF YES: CITY STATE APT NAME

In compliance with the fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. By signing this application, you authorize MOCO, Inc., whose address is P.O. Box 2826, Seattle, WA 98111, to obtain credit reports, rental and employment verification, bank information and character information as necessary. MOCO, Inc. is authorized to release any information obtained during the screening process to landlord and landlord's agents. Applicant has the right to dispute the accuracy of information obtained during the screening process. If the application is denied because of credit, applicant may obtain a copy of the credit report from the credit reporting agency.

I/we certify that to the best of my/our knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Process Fee \$ CHECK/MONEY ORDER #

Applicant understands that he/she/we acquires no rights in an apartment until a holding deposit in the amount of \$ \_\_\_\_\_ has been paid. Applicant requests landlord to hold Unit \_\_\_\_\_ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be returned.

Signed \_\_\_\_\_ Applicant Signed \_\_\_\_\_ Spouse Dated \_\_\_\_\_

Signed \_\_\_\_\_ Landlord Signed \_\_\_\_\_ Position Dated \_\_\_\_\_

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

