

APPLICATION FOR RENTAL (WASHINGTON)



Tell Us About Yourself (use additional sheets if necessary)

PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID - Your photo ID must be presented at time of application and again at move-in.

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS (Required)*	
PRESENT ADDRESS			COUNTY		WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #		MOBILE TELEPHONE #

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

PRESENT ADDRESS IS (Check one): OWNED HOME RENTED HOME RENTED APARTMENT FAMILY HOME STUDENT HOUSING OTHER:
 IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

			COUNTY WHERE RESIDENCE LOCATED
CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:

Employment

EMPLOYER (COMPANY NAME)		HOW LONG?	MONTHLY GROSS INCOME
ADDRESS		CITY	STATE ZIP
JOB TITLE		SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE #	
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES
FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)		HOW LONG?	
ADDRESS		CITY	STATE ZIP
JOB TITLE		SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE #	

Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Animals (animals require our consent)

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
1.				
2.				

Person to Notify in Case of Emergency, Death or Incapacity** (cannot be someone who intends to reside in the premises)

NAME		RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #
ADDRESS		CITY	STATE	ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? Yes No
 If so, identify the person and the type of special assistance required:

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Criminal Background Information

Do you (or any of the potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you (or any of the potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of "guilty" or "no contest" to any criminal offense; or had any criminal matter disposed of in a manner other than by acquittal or a finding of "not guilty"?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident happened: _____	

How did you hear about our community?

<input type="checkbox"/> Internet (which site?) _____	<input type="checkbox"/> Resident (name?) _____
<input type="checkbox"/> Drive-By <input type="checkbox"/> Rental Publication (Which One?) _____	<input type="checkbox"/> Rental Agency (Which One?) _____
<input type="checkbox"/> Locator Service (Which One?) _____	<input type="checkbox"/> Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you. You also acknowledge that if any payment to us is returned or otherwise rejected by your financial institution for any reason, we will assess a returned item fee in accordance with local law.

I have read and agree to the provisions as stated.

I also acknowledge that I have received Page 3 of this Application, which is my receipt for the Holding Deposit and Application Processing Fee.

Non-Refundable Application Processing Fee required with each Application: _____

Total Holding Deposit*** (Per Apartment, if any): _____

Holding Deposit amount paid by this applicant: _____

Address of Apartment/Premises being held: _____

Applicant Signature _____

Date _____

OFFICE USE ONLY

Apartment Number	_____
Apartment Size/Description	_____
Anticipated Move-in Date	_____
Lease Start Date	_____
Lease End Date	_____
Quoted Monthly Apartment Rent	_____

Property Staff Initials _____

*** Email Address & Electronic Signatures.** Please provide the email address through which you prefer to receive communications from us. In particular, we may present our lease documents to you for signature electronically. If we do so, you will receive an email with a link to your lease. You can review the lease on your own time and sign it, electronically, anytime prior to your move-in date. Your electronic signature should match the name that is displayed in your lease.

**** Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

***** Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

**APPLICATION FOR RENTAL
(WASHINGTON)**



APPLICANT'S RECEIPT FOR HOLDING DEPOSIT AND APPLICATION PROCESSING FEE
THIS IS YOUR RECEIPT FOR THE HOLDING DEPOSIT AS REQUIRED BY RCW 59.18.253

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Holding Deposit amount paid by this applicant: \$ _____

Application Fee paid: \$ _____

Address of Apartment/Premises being held:

****PROPERTY STAFF: PLEASE REMOVE THIS PAGE AND PROVIDE IT TO APPLICANT****