

Each adult over the age of 18 must complete a separate application.

Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
<b>CLIENT #:</b> _____				

**CRIMINAL**     **CREDIT**     **CREDIT/CRIMINAL**     **CREDIT/CRIMINAL/EVICTION**     **COMPREHENSIVE**

**APPLICATION TO RENT**    Apartment # \_\_\_\_\_    Move-in Date \_\_\_\_\_    Rent \$ \_\_\_\_\_    Lease \_\_\_\_\_

Applicant     Roommate w/ \_\_\_\_\_     Cosigner     Section 8

APPLICANT INFORMATION															
(LEGAL) Last Name			First		Middle		Soc. Sec. #		Date of Birth						
Other Names Used			Drivers License #/State			Email Address			Contact Phone Number						
<b>Other Persons to Occupy Rental:</b>	1	Full Name			Relationship		DOB		3	Full Name		Relationship		DOB	
	2	Full Name			Relationship		DOB		4	Full Name			Relationship		DOB
<b>Pets to occupy unit: Attach separate sheet if needed</b>	1	Name		Type		Weight		2	Name		Type		Weight		

RESIDENCE HISTORY													
Present Address				City		State		Zip		From _____ To _____		Monthly Pmt \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord										<input type="checkbox"/> Own <input type="checkbox"/> Rent			
Landlord Daytime Phone: _____										Landlord Evening Phone: _____			
Previous Address				City		State		Zip		From _____ To _____		Monthly Pmt \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord										<input type="checkbox"/> Own <input type="checkbox"/> Rent			
Landlord Daytime Phone: _____										Landlord Evening Phone: _____			

EMPLOYMENT HISTORY													
Current Employer				Monthly Salary \$		Supervisor's Name			How long? Yrs _____ Mos _____				
Address				City		State		Zip		Phone		Occupation/Department	
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 <sup>nd</sup> job				Monthly Salary \$		Supervisor's Name			How long? Yrs _____ Mos _____				
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 \$ \_\_\_\_\_ per \_\_\_\_\_ Sources \_\_\_\_\_

VEHICLE INFORMATION										
Auto #1	Year	Make			Model			License State	License Number	
Auto #2	Year	Make			Model			License State	License Number	

EMERGENCY INFORMATION															
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 OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  Yes  No  
 IF YES, please list the date, city, state and type of all convictions: \_\_\_\_\_  
 Attach separate sheet if necessary.

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

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD?  Yes  No  
 IF YES:    APT NAME: \_\_\_\_\_    CITY \_\_\_\_\_    STATE \_\_\_\_\_

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

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

**Non-Refundable Processing Fee \$** \_\_\_\_\_    **Check/Money Order #** \_\_\_\_\_

Applicant understands that he/she 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 refunded.

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

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

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

