

**MANAGERS – Visual Proof of Drivers License or State I.D.:**

Yes  No I.D. Checked by: \_\_\_\_\_

Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
<b>Accolade Mgmt</b>	<b>Aravia</b>		<b>253-539-9000</b>	

CLIENT #: 51-13651

**CRIMINAL ONLY**     **CREDIT ONLY**     **CREDIT/CRIMINAL**     **COMPREHENSIVE**

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

**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		Drivers License #/State		
Other Names Used		Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB
Type & size of pets: (Keeping a pet requires a deposit and landlord consent)			2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB

RESIDENCE HISTORY											
Present Address		City	State	Zip	From _____ To _____		Phone	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	
Landlord Daytime Phone: _____		Landlord Evening Phone: _____		Own <input type="checkbox"/> Rent <input type="checkbox"/>							
Previous Address		City	State	Zip	From _____ To _____		Phone	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	
Landlord Daytime Phone: _____		Landlord Evening Phone: _____		Own <input type="checkbox"/> Rent <input type="checkbox"/>							

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 \_\_\_\_\_

CREDIT & LOAN REFERENCES									
Auto Loan #1 (Make/Model)		License	State	Lien Holder		Lien holder Address		Monthly Pmt	
Loans, Charge Accts & Credit Cards owed to		Account Number(s)		Address		Total Debt		Monthly Pmt	
Bank or Savings & Loan		Branch		Address		Account Number			
Bank or Savings & Loan		Branch		Address		Account 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    Email Address

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

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

