

To be filled out by staff.

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

Yes No I.D. Checked by: _____

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

CLIENT #:	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
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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
Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB	3	Full Name Relationship DOB
	2	Full Name	Relationship	DOB	4	Full Name Relationship DOB
Pets to occupy unit: Attach separate sheet if needed	1	Name	Type	Weight	2	Name Type Weight
RESIDENCE HISTORY						
Present Address			City	State	Zip	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	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 nd 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 _____
Applicant

Dated _____

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

Signed _____
Landlord

Position _____

Dated _____

