

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

| | | | | | |
|----------------------|--------------|---------------|-------------------|-----------------|--------------------|
| | Mgmt Company | Apt Community | Community Contact | Community Tel # | Advertising Source |
| Co. ID: _____ | | | | | |

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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 _____

