



APPLICATION TO RENT \$_____ PER ADULT

(All rights reserved for Washington Landlord Association members only)

(Screening Charge)

Property Address: _____ Rent: \$_____

Landlord: _____ Phone: _____ Access Code: _____

(A separate application form is required for each applicant 18 or older. PLEASE PRINT CLEARLY)

Full name: _____ Phone: _____ Birth (m/d/y) _____
First Middle Last

Driver's Lic No: _____ Soc Sec No: _____ Smoker?(Y/N) _____ Pot User?(Y/N) _____

Names of all 18 or older to be renting with you: _____

Children (names/ages): _____ Pets/animals (list): _____

List all vehicles, boats, RV's, etc: _____ Firearms (list): _____

Physical Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

Landlord/Mortgage Co - Name: _____ City: _____ Phone: _____ Rent/Pmt: _____

Previous Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

Landlord/Mortgage Co - Name: _____ City: _____ Phone: _____ Rent/Pmt: _____

Employer: _____ how long? _____ Title: _____ Monthly Pay: _____

Employer's Address: _____ Supervisor: _____ Phone: _____

Prior Employer: _____ how long? _____ Title: _____ Monthly Pay: _____

Other Verifiable Income Sources: _____ Monthly Amts: \$ _____

Parent(s): _____ Address: _____ Phone: _____

Banking with (name): _____ Credit/Charge Cards (names): _____

Major Loans: _____ Have you filed for bankruptcy? (Y/N) _____ Year? _____

Personal Reference: (1) _____ Phone: _____ Relationship: _____

(2) _____ Phone: _____ Relationship: _____

OTHER: (Yes or No)

____ Would a local credit-worthy person co-sign?
 ____ If required, would you restrict smoking to outside?
 ____ Have you seen the inside of the unit?
 ____ Could you pay both first and last month's rent?

____ Are you a Section 8 renter?
 ____ Are you a medical marijuana user?
 ____ Do you have a service animal?
 ____ Are you a victim of violence? (Optional)

How long do you plan to stay here? _____ Preferred move-in date? _____

When will you have the required deposit? _____ When will you have the initial rent payment? _____

Reason for moving? _____

Have you ever been evicted or given notice to move (explain)? _____

List all felony/misdemeanor convictions and years: _____

BY SIGNING I approve business reviews of my consumer/credit report, making of reference checks, and verification of all information thereto.

(Note: Please complete in full; unanswered, incomplete, or false items may be cause for disqualification or termination.)

SIGNATURE: _____ **Date:** _____ **Email:** _____

(Please submit completed application with fee as directed by landlord or manager to avoid disqualification)

Per RCW 59.18.257, your screening will entail public and business record reviews and consultations to include any of the following: criminal, eviction, bankruptcy, public records, credit, landlord conditions, and all reference resources. The applicant with the most favorable overall rating will be given first consideration. Applicant may dispute accuracy of consumer reports. If not posted, applicant may ask landlord for name/address/phone of screening resources (for screening report copy). Per RCW 49.60.040(24), a defined service animal is one "trained" to assist or accommodate a person's sensory, mental, physical disability. **Letter documenting need for service animal, medical marijuana, or accommodation may be required from a doctor or qualified professional.** Applicant acquires no rights to any rental unit until an approved lease or monthly rental agreement covering the applicant is signed by all affected parties.