

IN THE EVENT OF CO-TENANTS
OTHER THAN SPOUSE, USE
SEPARATE FORMS FOR EACH
APPLICANT

MANAGEMENT COMPANY APARTMENT COMMUNITY COMMUNITY CONTACT COMMUNITY TELEPHONE Community E-Mail
 1 APPLICANT 2 APPLICANT ROOMMATE COX Mfg. COX EMPLOYMENT NC Per _____

BILLING STATUS

MOVE IN DATE _____ RENT \$ _____ Other _____ LEASE _____ APARTMENT # _____

APPLICATION TO RENT

APPLICANTS Last Name First Middle Soc. Sec. # Driver's License and State Birthdate
APPLICANTS Last Name First Middle Soc. Sec. # Driver's License and State Birthdate
Other persons Full Name RELATIONSHIP DOB Type and size of pet: (Keeping a pet requires a deposit and owner's consent)
1 Full Name RELATIONSHIP DOB
2 Full Name RELATIONSHIP DOB
Full Name RELATIONSHIP DOB

PART 1 RESIDENCE HISTORY

APPLICANT'S Present Address City State Zip
Name of Present Landlord (Please ✓ one box) Mortgage Co. Apartment Community Other City State Zip
How Long? Yrs. Mo's
Phone () Landlord Day Phone () Landlord Night Phone ()
Monthly Payment \$

PART 2 PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address City State Zip
Name of Previous Landlord (Please ✓ one box) Mortgage Co. Apartment Community Other City State Zip
How Long? Yrs. Mo's
Phone () Landlord Day Phone () Landlord Night Phone ()
Monthly Payment \$
SPOUSES Previous Address City State Zip
How Long? Yrs. Mo's
Phone () Landlord Day Phone () Landlord Night Phone ()
Monthly Payment \$

PART 3 EMPLOYMENT HISTORY

APPLICANT Employed By Department Supervisor's Name / Co.
Address City State Zip Phone () Position
APPLICANT Previous Employment Department Supervisor's Name / Co.
Address City State Zip Phone () Position
SPOUSE Employed By Department Supervisor's Name / Co.
Address City State Zip Phone () Position

ADDITIONAL INCOME Source: Amount of \$ _____ per _____ Source: 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.

PART 4 CREDIT & LOAN REFERENCES

Auto #1 (Year, Make, Model, Color) License Plate State Payment made to Monthly Payment \$
Auto #2 (Year, Make, Model, Color) License Plate State Payment made to Monthly Payment \$
Auto #3 (Year, Make, Model, Color) License Plate State Payment made to Monthly Payment \$
Loans Account # Address Total Debt Monthly Payment \$
Charge Accounts & Credit Account # Address Total Debt Monthly Payment \$
Bank or Savings and Loan Account # Address Checking Account # Monthly Payment \$

PART 5 IMPORTANT INFORMATION

Name of APPLICANT'S Nearest Relative Phone () Address City State Zip Relationship
Name of SPOUSE'S Nearest Relative Phone () Address City State Zip Relationship
Emergency Contact Phone () Address City State Zip Relationship
Personal Reference Phone () Address City State Zip Relationship

HAVE YOU EVER BEEN ASKED TO VACATE? YES NO CHARGED OR CONVICTED OF CRIMINAL OFFENSE? YES NO
HOW DID YOU HEAR ABOUT US? E-MAIL ADDRESS: _____

I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at _____, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to Inquest, PO Box 2990, Everett, WA 98203. I/We certify that, to the best of my/our knowledge, all statements are true and complete. I/We authorize Inquest to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the landlord named above. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Signed _____ Signed _____ Dated _____ Dated _____
Tenant Tenant
The information sought is solely for use in evaluation of the named applicant's tenancy.

Signed _____ Title _____ Dated _____ Dated _____
Landlord Landlord