



MANAGERS - Visual Proof of Drivers License or State I.D.: Yes No I.D. Checked by: _____

CLIENT #: _____

Mgmt Company	Api Community	Community Contact	Community Tel #	Advertising Source

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/ _____
 Consigner
 Section 8

APPLICANT INFORMATION											
(LEGAL) Last Name		First		Middle		Soc. Sec. #		Date of birth:		Drivers License #/State	
Other name used		Other Persons to occupy Rental:	1	Full name	Relationship	DOB	3	Full name	Relationship	DOB	
Type & size of pets: (Kepping a pet requires a deposit and landlord consent)			2	Full name	Relationship	DOB	4	Full name	Relationship	DOB	
RESIDENCE HISTORY											
Present Address			City		State		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:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent		
Present Address			City		State		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:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent		
EMPLOYMENT HISTORY											
Current Employer				Monthly Salary: \$		Supervisor's Name			How Long? Yrs	Mos	
Address			City		State		Phone				Occupation/Department
<input type="checkbox"/> Previous Employer	<input type="checkbox"/> 2 ^o Job	Monthly Salary: \$		Supervisor's Name			How Long? Yrs	Mos			
Address			City		State		Phone				Occupation/Department
ADDITIONAL INCOME- Assitonal 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 Z Phone
Emergency Contact	Relationship		Address		City	State Z Phone
Personal reference	Relationship		Address		City	State Z Phone

HAVE YOU OR ANYONE WHO WILL RESIDING THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? yes No
 IF YES, please list the dates, 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 _____	_____	Date: _____	I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.
Applicant	Email Address		
Signed _____	_____	Date: _____	
Applicant	Email Address		