

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. Date and Time Received: \_\_\_\_\_

Lottery # _____	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
Co. ID: _____	LIHI	August Wilson Place	Christina I Sreng	425-429-6050	

CREDIT ONLY       QUICK REPORT       COMPREHENSIVE REPORT

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			
Animal(s) 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 <input type="checkbox"/> Own <input type="checkbox"/> Rent					
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 <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 <sup>nd</sup> 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 been asked to vacate by a current/previous landlord?  Yes  No

IF YES: APT NAME: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Please be advised, a landlord (within the Seattle city limits) is prohibited from requiring disclosure, asking about, rejecting an applicant, or taking adverse action based on any arrest record, conviction record, or criminal history, **except sex offender registry information which is the result of an adult criminal conviction** – as described in Seattle Municipal Code (SMC) subsection 14.09.025 A3., 14.09.025 A4., and 14.09.025 A5, and subject to the exclusions and legal requirements in Section 14.09.115. If sex offender registry information is considered, an applicant may provide any supplemental information related to rehabilitation, good conduct, and facts or explanations regarding their registry information.

Are you currently required to register as a sex offender as the result of an adult criminal conviction?  Yes  No

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 \_\_\_\_\_

Signed \_\_\_\_\_ Landlord

Position \_\_\_\_\_

Dated \_\_\_\_\_

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

