



# APPLICATION TO RENT \$\_\_\_\_\_ PER ADULT

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(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.