

CO-TENANTS OTHER THAN SPOUSE USE SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____
 Applicant's Name: _____ SSN# _____
 Date of Birth: _____ DL# _____ Tel# _____
 Spouse: _____ SSN# _____
 Date of Birth: _____ DL# _____ Tel# _____
 Other Occupant's Name, Age & Relationship: _____

✓ Complete Every Item On Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

<u>CURRENT ADDRESS (Required Entry)</u>	<u>PRIOR ADDRESS (Required Entry)</u>
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long(Mo/Da/Yr)From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____	Landlord/Mgmt. Co _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____

✓ **Current Employer** _____ Tel# _____ Supervisor _____
 Dept / Attached to _____ Occupation _____ Rank _____
 Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____
 Address _____ Suite _____ City _____ State/Zip _____

✓ **Prior Employer** _____ Tel# _____
 Term Date _____ Reason for leaving _____

✓ **Spouse's Employer** _____ Tel# _____ Supervisor _____
 Dept / Attached to _____ Occupation _____ Rank _____
 Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____
 Address _____ Suite _____ City _____ State/Zip _____

✓ Additional Income(Interest,Child Support,Etc) _____

✓ Bank _____ Acct# _____ Branch _____ Tel# _____

✓ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____

✓ Have you ever used any other name? Yes _____ No _____ If yes, name(s) _____

✓ Do you or any other occupant smoke: Yes _____ No _____ Have you or any prospective occupant ever been convicted of a crime: Yes _____ No _____

✓ Have you ever: Been evicted? Yes _____ No _____ Refused to pay rent? Yes _____ No _____ Filed Bankruptcy? Yes _____ No _____

✓ Are you a fulltime student? Yes _____ No _____ Do you require special accommodations? _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Local Contact _____ Address _____ Tel# _____

Nearest Relative _____ Address _____ Tel# _____

I understand I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. If my tenancy is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my tenancy is approved but I DO NOT sign an apartment rental agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment at _____. If my tenancy is not approved this fee shall be returned to me. In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information. I/We certify that to the best of my/our knowledge all statements are "true & complete". I/We further authorize Orca Information, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application. **SCREENING FEE IS NON-REFUNDABLE.**

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Mount Baker Apartments Phone #: (360) 738-8234
 Washington Grocery Building Fax #: (360) 738-8290
 Archdiocesan Housing Authority
 Orca Information, Inc. Phone: 360-588-1633/800-341-0022
 Fax: 360-588-1189/800-522-6722/866-268-0188

