

Check One: Investigative Reports: Co-Signer _____ Mini _____ Super-Mini _____ Lion _____ The Beast _____

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____
Applicant's Complete Name: _____ Date of Birth: _____
SSN# _____ DL# / State Issued: _____
Tel# _____ Email Address: _____
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.

Table with 2 columns: CURRENT ADDRESS (Required Entry) and PRIOR ADDRESS (Required Entry). Rows include Street, City, State, Zip, Apt #, Name of Apts, How Long (Mo/Da/Yr) From To, Pymts / Rent Pd To Amt, Landlord/Mgmt Co, Address, Tel#, and Reason for leaving.

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

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

Additional Income (Interest, Child Support, Etc) _____
Bank _____ Acct# _____ Branch _____ Tel# _____
Pets? Yes _____ No _____ If yes, number, size, and type(s) _____
Disability status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes _____ No _____ Ever been Charged or Convicted of a Crime? Yes _____ No _____
If yes to either of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____
When? _____

Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____
Are you or any other household member a Registered or Unregistered Sex Offender? Yes _____ No _____
Are you or any other household member currently using any illegal drugs? Yes _____ No _____
Do you or any other household member smoke? Yes _____ No _____
Have you or any other household member filed bankruptcy? Yes _____ No _____ If yes, when: _____
Auto/Year/Make/Lic#: 1.) _____ 2.) _____
Nearest Relative _____ Address _____ Tel# _____
Emergency Contact _____ 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 LION Investigations, Inc., 360-588-1633, PO Box 277, Anacortes, WA 98221. I certify that to the best of my knowledge all statements are "true & complete". I further authorize LION Investigations, Inc. to obtain 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 _____

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER



Phone #: (360) 374-6698
Fax #: (360) 374-4189
Email: AlderGrove98331@CenturyTel.net

Alder Grove

LION Investigations, Inc.
PO Box 277, Anacortes, WA 98221
Phone: 360-588-1633/800-341-0022
Fax: 360-588-1189/800-522-6722





CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

ADDRESS INFORMATION				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone ()		Fax ()		
Night Phone ()		Email:		

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT**, as necessary for application of tenancy.

Signature of Applicant

Date