

RENTAL APPLICATION

SCAOA Member/Landlord Name: Kay Scheller		COMPLETE THIS SECTION FIRST		Results: Fax <input type="checkbox"/> Call 1st <input type="checkbox"/> Private <input type="checkbox"/>		
Member Phone: 425 280 7194		Member Fax # 425-513-9897				
Rental Address:	City:	State, Zip	Unit #	Rent \$	Dep.	
Visual Proof of ID is Required						
Enhanced Credit/WA Criminal <input type="checkbox"/>		Enhanced Credit Report Only <input type="checkbox"/>		Nationwide Sex Offender <input type="checkbox"/>		
Basic Credit/WA Criminal <input type="checkbox"/>		Basic Credit Report Only <input type="checkbox"/>		Eviction Report <input type="checkbox"/> (Specify State):		
WA Criminal Report Only <input type="checkbox"/>		Nationwide Instant Criminal w/SO <input type="checkbox"/>		Other Reports or States:		
***** APPLICANT INFORMATION *****						
FULL LEGAL NAME (See ID):		OTHER LAST NAME(S) USED:		NICKNAME(S):	SS #	
DRIVERS LICENSE OR ID#		DATE ISSUED/STATE	EXPIRATION DATE	AREA CODE+PHONE:	DOB	
SPOUSE/CO-APPLICANT INFORMATION						
FULL LEGAL NAME (See ID):		OTHER LAST NAME(S) USED:		NICKNAME(S):	SS #	
DRIVERS LICENSE OR ID#		DATE ISSUED/STATE	EXPIRATION DATE	AREA CODE+PHONE:	DOB	
APPLICANT AND SPOUSE/CO-APPLICANT RESIDENCE HISTORY						
PRESENT ADDRESS		UNIT#	CITY		STATE ZIP	
DO YOU? <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/PARENT OTHER:						
CURRENT LANDLORD or MORTGAGE CO.			CITY	STATE	AREA CODE + PHONE	
REASON FOR MOVING		MONTHLY PAYMENT \$		HOW LONG AT CURRENT ADDRESS		
PREVIOUS ADDRESS		UNIT#	CITY		STATE ZIP	
DID YOU? <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/PARENT OTHER:						
PREVIOUS LANDLORD/MORTGAGE CO.			CITY	STATE	AREA CODE + PHONE	
REASON FOR MOVING		MONTHLY PAYMENT \$		HOW LONG AT THIS ADDRESS?		
APPLICANT EMPLOYMENT (PAYSTUBS, TAX RETURNS OR LETTERS OF HIRE/TRANSFER MAY BE REQUIRED)						
EMPLOYER		ADDRESS		CITY	STATE	MONTHLY SALARY
POSITION	SUPERVISOR'S NAME	AREA CODE +PHONE		EMPLOYMENT DATES	FULL TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>
					PART TIME <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
PREVIOUS/ADDITIONAL EMPLOYERS		ADDRESS		CITY	STATE	MONTHLY SALARY
POSITION	SUPERVISORS NAME	AREA CODE +PHONE		EMPLOYMENT DATES	FULL TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>
					PART TIME <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
SPOUSE/CO-APPLICANT EMPLOYMENT (PAYSTUBS, TAX RETURNS OR LETTERS OF HIRE/TRANSFER MAY BE REQUIRED)						
EMPLOYER		ADDRESS		CITY	STATE	MONTHLY SALARY
POSITION	SUPERVISORS NAME	AREA CODE +PHONE		EMPLOYMENT DATES	FULL TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>
					PART TIME <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
PREVIOUS/ADDITIONAL EMPLOYERS		ADDRESS		CITY	STATE	MONTHLY SALARY
POSITION	SUPERVISORS NAME	AREA CODE +PHONE		EMPLOYMENT DATES	FULL TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>
					PART TIME <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
ADDITIONAL INCOME:		<input type="checkbox"/> APPLICANT	SOURCE/NAME OF COMPANY			AREA CODE+PHONE
		<input type="checkbox"/> CO/SPOUSE				
LIST ALL OTHER PROPOSED OCCUPANTS <input type="checkbox"/> 12 - 17 yrs Parent Authorizes Juvenile Criminal Check (\$5 Ea)						
NAME	DOB	RELATIONSHIP		NAME	DOB	RELATIONSHIP
CAR MAKE/YEAR/MODEL		PLATE#	COLOR	CAR MAKE/YEAR/MODEL		PLATE# COLOR
EMERGENCY CONTACT	RELATIONSHIP	ADDRESS		CITY	ST	ZIP AREA CODE+PHONE
NAME OF NEAREST RELATIVE		ADDRESS		CITY	ST	ZIP AREA CODE+PHONE
REFERENCES		AREA CODE+PHONE		REFERENCES		AREA CODE+PHONE
WILL YOU <input type="checkbox"/> YES		IF YES, LIST PET			ANYONE <input type="checkbox"/> YES <input type="checkbox"/>	
HAVE PETS <input type="checkbox"/> NO		TYPES:			SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU OR ANY OCCUPANT (HEREIN) EVER BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENSE?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU OR ANY OCCUPANT (HEREIN) EVER BEEN EVICTED OR LEFT A LANDLORD OWING MONEY?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES TO THE ABOVE, GIVE DETAILS:						

Your email address _____

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. I/we certify that to the best of my/our knowledge, all statements are True and Complete. I/we further authorize the above Landlord and SCAOA to obtain credit reports, court records, character reports, employment and rental history as needed to verify all information put forth in this application for my/ourselves and our family members who will be occupying the residence in which we are applying to rent.

APPLICANTS SIGNATURE _____	CO-APPLICANTS SIGNATURE _____
NON-REFUNDABLE PROCESSING FEE(S): \$ _____	PER PERSON DATE: _____
email _____	\$ _____ OTHER/JUVENILE _____

Please provide landlord with a copy of recent paystub(s) and valid ID(s). Thank you for your Interest & application.