

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.**

<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# _____
 Hire Date _____ Occupation _____ 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 any 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 _____

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

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____

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, 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 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.** In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant's Signature _____ Date _____

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER



Ph #: (360)-679-6196
 Whispering Pines Homeowners Cooperative

Orca Information, Inc.
 PO Box 277, Anacortes, WA 98221
 Phone: 360-588-1633/800-341-0022
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