MANAGERS – Visual Proof of Drivers License or State I.D.: ☐ Yes ☐ No **I.D. Checked by:**_____

Each adult over the age of 18 must complete a separate application.

CLIENT #:_____	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source

☐ **CRIMINAL** ☐ **CREDIT** ☐ **CREDIT/CRIMINAL** ☐ **CREDIT/CRIMINAL/EVICTION** ☐ **COMPREHENSIVE**

APPLICATION TO RENT

Apartment #_____ Move-in Date_____ Rent $_____ Lease_____

☐ Applicant ☐ Roommate w/_____ ☐ Cosigner ☐ Section 8

APPLICANT INFORMATION

(LEGAL) Last Name First Middle	Soc. Sec. #	Date of Birth

Other Names Used	Drivers License #/State	Email Address	Contact Phone Number

Other Persons to Occupy Rental:	1	Full Name Relationship DOB	3	Full Name Relationship DOB	
	2	Full Name Relationship DOB	4	Full Name Relationship DOB	
Pets to occupy unit: Attach separate sheet if needed	1	Name Type Weight	2	Name Type Weight	

RESIDENCE HISTORY

Present Address City State Zip	From_____ To_____	Monthly Pmt $	
Landlord Name ☐ Mortgage Co ☐ Apartment Community ☐ Relative/Friend ☐ Employer/Corp Housing ☐ Independent Landlord Landlord Daytime Phone: Landlord Evening Phone:			☐ Own ☐ Rent
Previous Address City State Zip	From_____ To_____	Monthly Pmt $	
Landlord Name ☐ Mortgage Co ☐ Apartment Community ☐ Relative/Friend ☐ Employer/Corp Housing ☐ Independent Landlord Landlord Daytime Phone: Landlord Evening Phone:			☐ Own ☐ Rent

EMPLOYMENT HISTORY

Current Employer	Monthly Salary $	Supervisor's Name	How long? Yrs Mos
Address City State Zip		Phone	Occupation/Department
☐ Previous Employer ☐ 2nd job	Monthly Salary $	Supervisor's Name	How long? Yrs Mos
Address City State Zip		Phone	Occupation/Department

ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder

Amount $ per Sources

VEHICLE INFORMATION

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address	City	State	Zip	Phone ( )
Emergency Contact	Relationship	Address	City	State	Zip	Phone ( )
Personal Reference	Relationship	Address	City	State	Zip	Phone ( )

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ☐ Yes ☐ No
IF YES, please list the date, city, state and type of all convictions: _____
Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER? ☐ Yes ☐ No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? ☐ Yes ☐ No
IF YES: APT NAME:_____ CITY_____ STATE_____

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee $_____ Check/Money Order # _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of $_____ has been paid. Applicant requests landlord to hold Unit_____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed_____ Dated_____
Applicant

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Signed_____ _____ Dated_____
Landlord Position

EQUAL HOUSING OPPORTUNITY