



Ph. (360) 452-1326 • Fax: (360)457-3212
Website: portangeleslandmark.com • Email: info@portangeleslandmark.com

RESIDENTIAL RENTAL CRITERIA

REQUIREMENTS

- * Fully completed application with a non-refundable fee of \$43 for each applicant. **Payable either by credit/debit card or money order to Moco Inc.**
- * Multiple applicants are accepted or denied as a unit.
- * All residents over 18 years of age must be screened and approved in order to reside on the premises.
- * Income at least 3 times the rent and verifiable.
- * Pay minimum of first month’s rent and deposit in advance of move-in.
- * Furnish good rental references from previous landlords/owners or provide other acceptable references.
- * Good credit standing. Credit will be looked at on an individual basis. Reports with on-going credit problems will be rejected.
- * Premises used for living purposes only.
- * Valid photo ID of each applicant.

DISQUALIFIERS:

- * History of property destruction. (However, if history is older than 3 years and can provide proof of payment in full, a higher deposit may be accepted to qualify.)
- * Debt owed to previous landlords/owners.
- * Prior evictions.
- * Exceed HUD occupancy standards.
- * Felony record or pattern of misdemeanor criminal activity or excessive criminal history.
- * Falsifying information.
- * Incomplete application.
- * History of rodent & bug infestation or damage related to it could be a disqualifier.

OTHER:

- * Pets allowed at manager’s discretion.
- * Screened and qualified co-signers may be accepted in some cases. Co-signer screenings cost \$16.50.
- * All properties are “no smoking” inside units.

NOTE:

- * Return the completed application (**with screening payment to Moco, Inc.**) to:

**Properties by Landmark, Inc.
330 E 1st Street, Suite 1, Port Angeles, WA 98362**

Or **fax to (360) 457-3212** with a copy of photo ID, agency disclosure signature page and credit card authorization for screening fee.

SUBMISSION CHECKLIST

<input type="checkbox"/> Completed application with signature	<input type="checkbox"/> Screening payment
<input type="checkbox"/> Agency Disclosure signature page	<input type="checkbox"/> Photo ID

Disclosure: *If you have interest in knowing the location of sex offenders in relation to a rental property of interest, it is your responsibility and not the management company to do the research. This information can be obtained from local law enforcement agencies.*



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.

	Mgmt Company	Management Co. Contact	Management Co. Tel #	Advertising Source
CLIENT #: 51-15400	Properties by Landmark, Inc		(360) 452-1326	

Rental Property Address: _____

COMPREHENSIVE **CREDIT ONLY**

APPLICATION TO RENT Move-in Date: _____ Rent: \$ _____ Lease Term: _____

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				<input type="checkbox"/> Mortgage Co		<input type="checkbox"/> Apartment Community		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Employer/Corp Housing		<input type="checkbox"/> Independent Landlord		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Previous Address				City		State		Zip		From _____ To _____		Monthly Pmt \$			
Landlord Name				<input type="checkbox"/> Mortgage Co		<input type="checkbox"/> Apartment Community		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Employer/Corp Housing		<input type="checkbox"/> Independent Landlord		<input type="checkbox"/> Own <input type="checkbox"/> Rent	

EMPLOYMENT HISTORY													
CURRENT Employer				Monthly Salary \$		Supervisor's Name			How long?				
Address				City		State		Zip		Company Phone (no cell phone #)		Occupation/Department	
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 nd job				Monthly Salary \$		Supervisor's Name			How long?				
Address				City		State		Zip		Company Phone (no cell 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

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 _____

Applicant

Dated _____

Signed _____

Landlord

Position

Dated _____

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





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Washington State law requires real estate brokers to disclose to all parties to whom the broker renders real estate brokerage services whether the broker represents the seller (or lessor), the buyer (lessee), both the seller/lessor and buyer/lessee or neither.

I have read the attached Law of Real Estate Agency and understand that all agents at Properties by Landmark, Inc. are agents of the property owner and are obligated to uphold the Real Estate Law.

Applicant's Signature

Printed Name

Date

I have read and understand the rental criteria of Properties by Landmark, Inc.

Applicant's Signature

Printed Name

Date