



**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
<b>CLIENT #: 51-15400</b>	<b>Properties by Landmark, Inc</b>		<b>(360) 452-1326</b>	

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	
<b>Other Persons to Occupy Rental:</b>	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB	
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB	
<b>Pets to occupy unit: Attach separate sheet if needed</b>	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									
<b>CURRENT</b> Employer				Monthly Salary \$	Supervisor's Name			How long? Start Date	
Address				City	State	Zip	Company Phone (no cell phone #)		Occupation/Department
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 <sup>nd</sup> job				Monthly Salary \$	Supervisor's Name			How long? Start Date End Date	
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

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 \_\_\_\_\_

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.**







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

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

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date