

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ___ Y ___ N

√ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long(Mo/Da/Yr)From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____
Address _____
Tel# _____ Rent/Own/Lease _____

PRIOR ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co _____
Address _____
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# _____

Address _____ Suite _____ City _____ State/Zip _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Term Date: _____ Reason for Leaving: _____

√ Additional Income (Interest,Child Support,Etc) _____

√ Bank _____ Acct# _____ Branch _____ Tel# _____

√ Pets: Trailside Heights I and II are **no-pet** properties.

Trailside Heights III Applicant's Only: Pets? Yes _____ No _____ If yes, number, size, and type(s) _____

√ Disability status and require special accommodations? _____

√ Are you a fulltime student? Yes _____ No _____

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 _____

Ever had bedbugs or any other infestation? Yes _____ No _____ If yes, what type of infestation: _____

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

Local Contact _____ Address _____ Tel# _____

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____

ACCEPTANCE OF APPLICATION FOR RENTAL RESIDENCY IS BASED ON THE RESIDENT SELECTION CRITERIA FOR THE COMMUNITY AND INDEPENDENT REVIEW OF ELIGIBILITY



Ph #: (907) 222-1733
Fax : (907) 222-1738
Quantum/Trailside Heights I, II and III

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722





Addendum (A) to Application for Tenancy
 Revised 6/2012 to comply with Fair Tenant Screening Act

LETTER OF AUTHORIZATION

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., PO Box 277, Anacortes, Washington 98221, 360-588-1633. I certify that to the best of my knowledge all statements are “true and complete”. I further authorize ORCA Information, Inc. to obtain **CREDIT REPORTS, EMPLOYMENT REFERENCES (including verifying salary), 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 and otherwise available regarding all applicants identified on this application (for juvenile occupants, the undersigned parent/guardian authorizes the above-information to be obtained on their behalf).

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

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 Name (please print)

 Applicant's Signature

 Date of Authorization

 Manager's/Assistant Manager's Signature

_____ Apartments
 (building name)

List All Juvenile Age Occupants 12yrs-17yrs:

Full Legal Name	Nickname(s)	Date of Birth
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Full Legal Name	Nickname(s)	Date of Birth
-----------------	-------------	---------------

Full Legal Name	Nickname(s)	Date of Birth
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TENANT INCOME QUESTIONNAIRE

NAME: _____

TELEPHONE NUMBER: _____

Initial Certification

Re-certification

Other _____

Development _____

Unit # _____

EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

INCOME INFORMATION

	Yes	No		Monthly gross Income (use <u>net</u> income from self employment)
1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment) _____	\$ _____
2	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
3	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments.	\$ _____
7	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$ _____
8	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance)	\$ _____
11	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	
12	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments.	\$ _____



This institution is an equal opportunity provider.

NAME: _____

UNIT # _____

INCOME INFORMATION CONTINUED

	YES	NO		MONTHLY GROSS INCOME
13	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
14	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real estate or personal property.	(use net earned income) \$ _____
15	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Alaska Senior Care program.	\$ _____
16	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Native Dividends. List sources: _____ _____	\$ _____
17	<input type="checkbox"/>	<input type="checkbox"/>	The household will receive the Alaska Permanent Fund Dividend. If yes, how many people will receive the dividend? _____	\$ _____

ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
18	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list all bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
19	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list all bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
20	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
21	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description and location: _____		\$ _____
22	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____

NAME: _____

UNIT # _____

ASSET INFORMATION CONTINUED

	YES	NO		INTEREST RATE	CASH VALUE
23	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
25	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
26	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
27	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
28	<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT

 SIGNATURE OF APPLICANT/TENANT

 DATE

 WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

 DATE

