

Rental Application Form

Property Manager Address: 334 Wells Ave S, Suite #G, Renton, WA 98057
Tel: (206) 686-9888; Fax: (206) 260-5892; E-mail: applications@ms-apartment.com

Name of Apartment Complex or Address of Unit you are applying _____

Referred By _____

Applicant Full Name with Middle Name: _____

Date of Birth: _____ Social Security #: _____

Driver's License # (show to Manager pls): _____

Home Tel: _____ Rate your credit (select one): Excellent Good Fair

Daytime Tel: _____ Cell No.: _____ E-mail: _____

Are you a smoker? Yes No; You drink? Everyday; 1-2 times a week; Seldom; No

List all other persons to reside with you, including relatives. (For any Roommate who is 18 or older, a separate application form and fee are required.)

Applicant # 1 _____ Date of Birth: _____

Social Security No. _____ Relationship to You: _____

Applicant #2 _____ Date of Birth: _____

Social Security No. _____ Relationship to You: _____

Employment and Income

Job title: _____ Annual Income: \$ _____ Part Time Full Time

Hours per week? _____ Employer Name: _____

Supervisor & Phone: _____ How long employed? _____

Employer Address: _____ Phone: _____

Car Yr, Make, Model, Color, Plate No: _____

Debts: Credit Cards/Loans: \$ _____ Car loan: \$ _____ Present housing costs:\$ _____

Anything you would like us to know about your credit rating?: _____

Rental Information and Bank Information

Current Address: _____

Landlord Name & Tel: _____

Legnth of time at current address. From _____ To _____

If the above time is less than 3 years, you must provide your previous address: _____

Landlord Name & Tel: _____

Dates: From _____ To _____

Bank Name & Address: _____ Account Number: _____

Personal Reference: _____ Relationship: _____ Tel: _____

Move-in & Pet information.

Why are you moving? _____ Have you given Move out Notice yet? () Y, () N

Move-in Date: _____ Preferred Lease Terms: () 1 yr; () 6 mths; () mth-mth

Pets? () Y, () N; How many? _____ Type / Breed _____

Other Information

Have you or any person that will be residing at this residence: _____

Ever filed bankruptcy? () yes () No If yes, when? _____

Been served an eviction Notice or been asked to vacate a property you were renting? () yes () No

Intentionally refused to pay rent when due? () yes () No Been sued for unlawful detainer? () yes () No

If any answer above is yes, tell us what happened: _____

Been registered as a sex offender? () yes () No If yes, details? _____

Ever been convicted of a civil or criminal offense or have criminal charge(s) pending? () yes () No

If Yes, details? _____

How were you referred to us? () Newspaper () Craig's List () Others: _____

IMPORTANT!! Please read and sign disclosure.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE THE PROPERTY MANAGER / OWNER TO CONTACT ANY CREDIT AGENCY, REFERENCE, EMPLOYER OR OTHER INDIVIDUAL OR ORGANIZATION DEEMED RELEVANT BY THEM FOR APPROVAL OF THIS LEASE APPLICATION. I FURTHER AGREE AND UNDERSTAND THAT THE SOLE PURPOSE OF THIS APPLICATION IS TO ASCERTAIN MY CREDIT WORTHINESS AND FINANCIAL RESPONSIBILITY. I WILL PAY \$ 35 WITH THIS APPLICATION, WHICH IS NOT REFUNDABLE. I HAVE THE RIGHT TO OBTAIN A COPY OF THE CREDIT REPORT BY CONTACTING THE REPORT AGENCY. ONCE THE APPLICATION IS APPROVED, THE APPLICANTS SHALL RESPONSE AND PAY THE REQUIRED DEPOSIT WITHIN 48 HOURS OF THE APPROVAL. IF NO RESPONSE OR NO DEPOSIT IS RECEIVED, THE AGENT WILL HAVE RIGHT/DISCRETION TO REVOKE THE OFFER.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

FOR LANDLORD OFFICE USE

CREDIT REPORT RECEIVED ON: _____ REFERENCES CALLED _____