

File Number: _____

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

MGMT Co/Community Name Community Contact Community Telephone STUDENT/PUBLIC HOUSING

CLIENT #: _____

RADFORD COURT		206-934-1100	
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CRIMINAL ONLY CREDIT ONLY COMPREHENSIVE COSIGNER (COMPREHENSIVE)

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

APPLICATION TO RENT Apartment # _____ Rent \$ _____ Lease _____

Preferred Move In Date: _____ Contact ph#: _____ Contact Email: _____

Preferred Apt Type: _____

APPLICANT INFORMATION

(LEGAL) Last Name	First	Middle	Soc. Sec. #	Date of Birth	Drivers License #/State
Other Names Used	Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB
Type & size of pets: (Keeping a pet requires a deposit and landlord consent)		2	Full Name	Relationship	DOB
	3	Full Name	Relationship	DOB	
4	Full Name	Relationship	DOB		

RESIDENCE HISTORY

Present Address	City	State	Zip	From _____ To _____	Phone	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
Landlord Daytime Phone: _____			Landlord Evening Phone: _____			
Previous Address	City	State	Zip	From _____ To _____	Phone	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
Landlord Daytime Phone: _____			Landlord Evening Phone: _____			

EMPLOYMENT HISTORY

Current Employer	Monthly Salary \$ _____	Supervisor's Name	How long? Yrs _____ Mos _____
Address	City	State	Zip
Phone	Occupation/Department		
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 nd 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 _____

CREDIT & LOAN REFERENCES

Auto Loan #1 (Make/Model)	License	State	Lien Holder	Lien holder Address	Monthly Pmt
Loans, Charge Accts & Credit Cards owed to	Account Number(s)	Address			Total Debt
Bank or Savings & Loan	Branch	Address			Account Number
Bank or Savings & Loan	Branch	Address			Account 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 Offense(s): _____ Please list all offenses. Include city and state where the offense(s) were committed. 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 fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, to obtain credit reports, rental and employment verifications, bank information and character information as necessary. Moco, Inc. is authorized to release any information obtained during the screening process to landlord and landlord's agents. Applicant has the right to dispute the accuracy of information obtained during the screening process. If the application is denied because of credit, applicant may obtain a copy of the credit report from the credit reporting agency.

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 non-refundable fee in the amount of \$300 has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If the applicant chooses not to occupy the unit being held, the applicant forfeits non-refundable fee and no portion of it shall be refunded under the following circumstances: 1) applicant is approved or 2) the application process is still pending after the third business day following receipt of the application.

Signed _____ Dated _____
Applicant

Signed _____ Dated _____
Landlord Position

Rental Application – R06012005
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I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

