



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: \_\_\_\_\_ Unit # \_\_\_\_\_ Rent Amount \_\_\_\_\_

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# \_\_\_\_\_

Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

√ Additional Income (Interest, Child Support, Etc) \_\_\_\_\_

√ Bank \_\_\_\_\_ Acct# \_\_\_\_\_ Branch \_\_\_\_\_ Tel# \_\_\_\_\_

√ 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: \_\_\_\_\_

Do you or any other household member smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other household member filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

Auto/Year/Make/Lic#: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Ph #: (360) 840-5143 Fax #: (360) 848-0747 Preview Properties Skagit LLC

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



## Addendum (A) to Application for Tenancy

### LETTER OF AUTHORIZATION

Revised 6/2012 to comply with Fair Tenant Screening Act.

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

Please Charge \$\_\_\_\_\_ for this report to my (circle one).  
There is an additional \$3.00 processing fee when paying with credit card.     **VISA**                     **MASTERCARD**

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name on Card

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Card's Billing Address

\_\_\_\_\_  
City     State     Zip Code

#### **List All Juvenile Age Occupants 12yrs-17yrs:**

\_\_\_\_\_  
Full Legal Name     Nickname(s)     Date of Birth

\_\_\_\_\_  
Full Legal Name     Nickname(s)     Date of Birth

\_\_\_\_\_  
Full Legal Name     Nickname(s)     Date of Birth