NARDO MANAGEMENT

8731 Maltby Rd., Suite 16 Snohomish, WA 98296 425-478-2261 victor@nardomanagement.com

Prior to making an application please be advised of the following:

- 1. Initial move-in funds (i.e., first month's rent and deposit) must be paid in *money order or cashier check*. Cash is allowed only if prior arrangements have been made. Personal checks will not be accepted for initial move-in funds. Rent and deposits go into separate trust accounts. Please prepare separate checks.
- 2. All rental payments are due on or before the *first* business day of each month. There is no grace period. Our late fee is *ten percent* (10%) per month.
- 3. Agency Disclosure: Tenant acknowledges that Nardo Management is an agent of the lessor (property owner) and does not represent the tenant.
- 4. Possession and walk-thru inspections are scheduled between normal business hours (Monday Friday, 9:00 AM to 4:00 PM). Should you require your manager to arrange the walk-thru inspection on weekends, holidays or after hours, there will be a charge of \$50 per hour, with a two (2) hour minimum. This charge must be paid in advance with move-in funds.
- 6. Each adult who will live in the home must submit a separate application.
- 7. Pets, including visiting animals, are absolutely not allowed under any circumstances. Any violation of this lease clause will result in a penalty of \$500, plus any actual damages caused by the pet.

Signed:		Date:	
	Applicant		
Signed:		Date:	
	Applicant		

Check O	ne:

Investigative	Reports:	Co-
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Mini	Super-Mini	

Orca	Kill.

	Non-Refunda	ble
<u> </u>	Investigative	Fee



Ph #: (425) 478-2261 Fx #: (360) 668-2233

Nardo Management

	CH ADULT MUST FILL OUT SEPARATE APPLICATION
Address of Rental Property:	Unit #Rent Amount
Applicant's Complete Name:	Date of Birth:
SSN#DL#/Sta	te issued:
Tel#Email Address	
Other Occupant's Name, Age & Relationship: If any of the above noted occupants are currently married or separa-	ted but not living with their spouse, please note yes or no:YN
√ Complete Every Item on Application. Incomplete and/or Inacc	urate Information May Result in Process Delay or Denial of Tenanc
CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (Required Entry)
Street	Street
City State Zip	CityStateZip
Apt #Name of Apts	Apt #Name of Apts
How Long(Mo/Da/Yr)FromTo	How Long (Mo/Da/Yr) FromTo
Pymts / Rent Pd ToAmt	Pymts / Rent Pd ToAmt
Landlord/Mgmt Co	Landlord/Mgmt. Co
Address	Address
Tel#Rent/Own/Lease	Tel# Rent/Own/Lease
Email:	Email:
√ Current Employer	Tel# Supervisor
Dept / Attached toOccupation	
Hire Date Monthly Salary	
Address Suite	
√ Prior Employer	
Dept / Attached toOccupation	
Hire DateMonthly Salary	
Address Suite	City State/Zip
**** ***	4tc % %
√ 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? YesNo	
HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:	
Ever been evicted or refused to pay rent? Yes No	
When?	
Ever used any other name(s)? Yes No If yes, list name is a second of the se	
Are you or any other household member a Registered or Unregist	ered Sex Offender? Yes No
What other states have you live d in?	
Ever had bedbugs or any other infestation? Yes No	
Do you or any other household member smoke? Yes No	
Have you or any other household member filed bankruptcy? Yes	NoIf yes, when:
Auto/Year/Make/Lic#: 1.)	2.)
	Tel#
	Tel#
	Tel#



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 9/2017

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 Records and Character References, 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.

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 land-lord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

I also understand Orca Information's role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

Applicant's Name (please print)	Please Charge \$	3.00 processing fee v	when paying with
Applicant's Signature	Card #		······································
	Expiration Date:	CVV Code	2:
Date of Authorization	Print Name on Card	©:	65
Manager's/Assistant Manager's Signature	Signature of Cardholder		
	Card's Billing Address		
	City	State	Zip Code
<u>List All Juvenile Age Occupants 12yrs-17yrs</u> :			
Full Legal Name	Nickname(s)	Date	e of Birth
Full Legal Name	Nickname(s)	Date	e of Birth
Full Legal Name	Nickname(s)	Date	e of Birth