



# APPLICATION TO RENT

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\$ \_\_\_\_\_ PER ADULT

(Screening Charge)

Property Address: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Access Code: \_\_\_\_\_

**(A separate application form is required for each applicant 18 or older. PLEASE PRINT CLEARLY)**

Full Name \_\_\_\_\_ Phone: \_\_\_\_\_ Birth (m/d/y) \_\_\_\_\_  
*First Middle Last*

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Names of all 18 or older to be renting with you \_\_\_\_\_

Children (names/ages) \_\_\_\_\_ Pets/animals(list) \_\_\_\_\_

List all vehicles, boats, RV's, etc. \_\_\_\_\_ Firearms(list) \_\_\_\_\_

Driver's Lic No \_\_\_\_\_ Soc Sec No \_\_\_\_\_ Smoker? \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_ Ph \_\_\_\_\_ Job \_\_\_\_\_ Hrs/wk \_\_\_\_\_ Pay \_\_\_\_\_

Prior Employer: \_\_\_\_\_ How long? \_\_\_\_\_ City \_\_\_\_\_ Job \_\_\_\_\_ Pay \_\_\_\_\_

Other Verifiable Income Sources \_\_\_\_\_ Monthly Amts \$ \_\_\_\_\_

Parents (1) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Landlord: Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Months \_\_\_\_\_ Unit # \_\_\_\_\_ Rent \_\_\_\_\_

Prior LL: Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Months \_\_\_\_\_ Unit # \_\_\_\_\_ Rent \_\_\_\_\_

Banking with (name) \_\_\_\_\_ Credit/Charge Cards (names): \_\_\_\_\_

Major Loans \_\_\_\_\_ Ever filed for bankruptcy? \_\_\_\_\_ When? \_\_\_\_\_

Personal Reference (1) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**OTHER:** Are you a Section 8 renter? (y/n) \_\_\_\_\_ Medical marijuana user? (y/n) \_\_\_\_\_ Have a service animal? (y/n) \_\_\_\_\_

If required, would you restrict smoking to outside? \_\_\_\_\_ How long do you plan to stay here? \_\_\_\_\_ Preferred move-in date? \_\_\_\_\_ When have the required deposit? \_\_\_\_\_ When have the initial rent payment? \_\_\_\_\_ Could you pay both

first and last month's rent?(y/n) \_\_\_\_\_ Would a local credit-worthy person co-sign?(y/n) \_\_\_\_\_ Seen inside unit?(y/n) \_\_\_\_\_

Why moving? \_\_\_\_\_ Are you a victim of violence? (optional y/n) \_\_\_\_\_

Have you ever been evicted or given notice to move (explain)? \_\_\_\_\_

List all felony/misdemeanor convictions: \_\_\_\_\_

**BY SIGNING** I approve review of my consumer/credit report, making of reference checks, and verification of all information hereto.  
*(Note: Please complete in full; unanswered, incomplete, or false items may be cause for disqualification or termination.)*

**SIGNATURE:** \_\_\_\_\_ (Date) \_\_\_\_\_ (Email) \_\_\_\_\_

*(Please submit completed application with fee as directed by landlord or manager to avoid disqualification)*

Per RCW 59.18.257, your screening will entail public and business record reviews and consultations to include any of the following: criminal, eviction, bankruptcy, public records, credit, landlord conditions, and all reference resources. The applicant with the most favorable overall rating will be given first consideration. Applicant may dispute accuracy of consumer reports. If not posted, applicant may ask landlord for name/address/phone of screening resources (for screening report copy). Per RCW 49.60.040(24), a defined service animal is one "trained" to assist or accommodate a person's sensory, mental, physical disability. **Letter documenting need for service animal, medical marijuana, or accommodation may be required from a doctor or qualified professional.** Applicant acquires no rights to any rental unit until an approved lease or monthly rental agreement covering the applicant is signed by all affected parties.