Nearest Relative

Check One: Investigative Reports: Co-Signer Mini Super-Mini Orca Killer Whale Super-Mini Super-Mini

RESIDENTIAL RENTAL APPLICATION / $\underline{\mathbf{E}}\underline{\mathbf{A}}$	CH ADULT MUST FILL OUT SE	PARATE APPLICATION		
Address of Rental Property:	Unit #	Rent Amount		
Applicant's Complete Name:		Date of Birth:		
SSN# DL#/St	tate issued:			
Tel#Email Addre	ess:			
Other Occupant's Name, Age & Relationship:				
If any of the above noted occupants are currently married or separ		use, please note yes or no:Y		
$\sqrt{ m Complete}$ Every Item on Application. Incomplete and/or Inac	ecurate Information May Result	t in Process Delay or Denial of Tenan		
CURRENT ADDRESS (Required Entry)	PRIOR ADD	RESS (Required Entry)		
Street	Street	· · · · · · · · · · · · · · · · · · ·		
CityStateZip	City	StateZip		
Apt #Name of Apts	_ Apt #Name of Ap	ots		
How Long(Mo/Da/Yr)FromTo	How Long (Mo/Da/Yr) From	mTo		
Pymts / Rent Pd ToAmt	Pymts / Rent Pd To	Amt		
Landlord/Mgmt CoAddress	- Landiord/Nigmi. Co			
Tel#Rent/Own/Lease	Address	Rent/Own/Lease		
Email:		rena o wii Bease		
√ Current Employer				
Dept / Attached toOccupation		Rank		
Hire DateMonthly Salary				
		State/Zip		
√ Prior Employer				
Dept / Attached toOccupation				
Hire Date Monthly Salary				
		State/Zip		
Address	eteny	state/21p		
Additional Income (Interest, Child Support, Etc)				
√ BankAcet#				
V 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? YesNo				
If yes to any of the above, give details: What is the nature of the	e offense? What County(ies) and	1 State(s)?		
When?				
Ever used any other name(s)? Yes No If yes, list n	ame(s)			
Are you or any other household member a Registered or Unregi				
What other states have you live d in?				
Ever had bedbugs or any other infestation? Yes No				
		n:		
Do you or any other household member smoke? Yes No_				
Have you or any other household member filed bankruptcy? Ye				
Auto/Year/Make/Lic#: 1.)		Tal#		
Local Contact Address		Tal#		

Tel#

Address

Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 1/2017

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 REF-ERENCES (including verifying salary), COURT, CRIMINAL & JUVENILE RECORDS, and CHARACTER REF-ERENCES, 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.

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.

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Applicant's Name (please print)	There is an additional \$3.00	this report to my (circle one). processing fee when paying with ERCARD DISCOVER AMEX
Applicant's Signature	Card #Expiration Date:	
Date of Authorization	Print Name on Card	
Manager's/Assistant Manager's Signature	Signature of Cardholder Card's Billing Address	
	City Stat	e Zip Code
<u>List All Juvenile Age Occupants 12yrs-17yrs</u> :		
Full Legal Name	Nickname(s)	Date of Birth
Full Legal Name	Nickname(s)	Date of Birth
Full Legal Name	Nickname(s)	Date of Birth