neck One:	Investigative Reports: Co-Signer Mini Super-Mini Or	rca Killer Whale	§ 50.00 Non-Refundat Investigative	
1º	RESIDENTIAL RENTAL APPLICATION / EA	ACH ADULT MUST FILL OUT SEPARATE	E APPLICATION	
	_ Address of Rental Property:	Unit #	Rent Amount	
	Applicant's Complete Name:	Date of I	Birth:	
	SSN# DL#/St	tate issued:		
2 -	Tel#Email Address:			
2241	Other Occupant's Name, Age & Relationship:			
I	If any of the above noted occupants are currently married or separ			
244	$\sqrt{ m Complete}$ Every Item on Application. Incomplete and/or Inac	cess Delay or Denial of Tenanc		
	CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (	Required Entry)	
) ( 60				
509	Street	_ Street		
	CityStateZip			
••	Apt #Name of Apts How Long(Mo/Da/Yr)FromTo			
X	Pymts / Rent Pd ToAmt			
Fax: (	Landlord/Mgmt Co			
	Address	Address		
	Tel#Rent/Own/Lease	_ Tel#	_ Rent/Own/Lease	
Company: ILLAGE MHP				
MHP	√ Current Employer	Tel#	Supervisor	
2 ≥  - Ш				
AGE	Dept / Attached toOccupation			
5 4	Hire DateMonthly Salary			
	Address Sui	City	State/Zip	
ent	√ Prior Employer	Tel#		
	Dept / Attached toOccupation	-	Rank	
RA	Hire DateMonthly Salary	Full Time	Part Time	
מ ה	Address Sui	ite City	State/Zip	
ST S				
WEST	√ Additional Income (Interest, Child Support, Etc)			
>	√ BankAcct#			
'	√ Pets? Yes No If yes, number, size, and type(s)			
1	<ul> <li>✓ Disability status and require special accommodations?</li> </ul>			
	√ Are you a fulltime student? Yes No			
/ 800-341-0022 800-522-6722	HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:			
1-0023 -6722	Ever been evicted or refused to pay rent? Yes       No       Ever been Charged or Convicted of a Crime? Yes       No			
' 800-34] 800-522 <sup>.</sup>	If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)?			
응실				
/ 80	When?			
<b>89</b>	Ever used any other name(s)? Yes No If yes, list name(s)			
-11	Are you or any other household member a Registered or Unregistered Sex Offender? Yes No			
360-588-1633 160-588-1189 /	Ever had bedbugs or any other infestation? Yes No If yes, what type of infestation:			
360-588-1 360-588-11	Do you or any other household member smoke? Yes No			
Phone: Fax: 3	Have you or any other household member filed bankruptcy? Yes No         Auto/Year/Make/Lic#: 1.)       2.)			
ЧЧ <u>н</u>				
	Local Contact Address			
	Nearest RelativeAddress			
QUAL HOUSING	Emergency ContactAddress	Tel#_		

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

## 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, CRIMI-NAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFER-ENCES, 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

## 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

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