



Bellwether Apartments

APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

The undersigned hereby makes application to rent _____, located at **1400 Fones Road SE, Olympia, WA 98501**, beginning on _____, for a term of _____, at a monthly rent of \$_____.

Leasing Agent: _____ Concession Offered: _____

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL
SPOUSE INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL DEPENDANTS 18 YEARS OR YOUNGER				
PETS & LIQUID-FILLED FURNITURE				
PETS?	DESCRIBE			
LIQUID-FILLED FURN.?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY
LENGTH OF EMPLOYMENT		SUPERVISOR NAME		SUPERVISOR PHONE ()
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY
LENGTH OF EMPLOYMENT		SUPERVISOR NAME		SUPERVISOR PHONE ()
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$



EMERGENCY CONTACT			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP
PERSONAL REFERENCES			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP
BACKGROUND INFORMATION			
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?	
	Been evicted from tenancy?	Been convicted of a crime? If yes, when?	
VEHICLE INFORMATION			
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE
2. MAKE & MODEL		YEAR	LICENSE NO. & STATE
OTHER VEHICLES			
OTHER INFORMATION			
HOW DID YOU LEARN ABOUT OUR PROPERTY?			
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION			
<p>I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.</p> <p>I understand that I acquire no rights in an apartment until I sign an agreement in the form submitted to me and remit a holding deposit of \$_____ on the apartment I have selected. The holding deposit will be held in accordance with the rental agreement. In return for the landlord's holding of the apartment for me, I hereby waive all rights to the return of the holding deposit. The holding deposit will be held as liquidated damages, in the event that I do not choose to enter into the agreement applied for herein. In the event that this agreement is not accepted, the holding deposit will be returned to the applicant.</p> <p>I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.</p>			

(Signed/Applicant)

Date

(Signed/Spouse)

Date

BILLING INFORMATION FOR APPLICATION FEE			
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
NAME ON CARD	CARD NUMBER	EXPIRATION DATE /	
BILLING ADDRESS	CITY	STATE	ZIP CODE
My signature below authorizes ON-SITE MANAGER, INC. (OSM), a credit screening company, to conduct a background check, including obtaining a consumer credit report. I understand that OSM will charge the above credit card for this service \$38.00 per applicant. I agree to pay for this charge according to the terms of my CardHolder Agreement.			
_____ (Card Holder)		_____ Date	

