

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Applying for Unit #: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Move In Date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Applicant's Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN# \_\_\_\_\_ DL# / State Issued: \_\_\_\_\_  
Tel# \_\_\_\_\_ Email Address: \_\_\_\_\_  
Other Occupant's Name, Age & Relationship: \_\_\_\_\_

✓ Complete Every Item On Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)	PRIOR ADDRESS (Required Entry)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Apt # _____ Name of Apts _____	Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____	How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____	Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____	Landlord/Mgmt. Co _____
Address _____	Address _____
Tel# _____ Rent/Own/Lease _____	Tel# _____ Rent/Own/Lease _____

✓ Current Employer \_\_\_\_\_ Tel# \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_  
Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

✓ Prior Employer \_\_\_\_\_ Tel# \_\_\_\_\_  
Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_  
Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

✓ 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? \_\_\_\_\_

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_ Ever been Charged or Convicted of a Crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? \_\_\_\_\_

When? \_\_\_\_\_

Ever used any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list name(s) \_\_\_\_\_

Are you or any other household member a Registered or Unregistered Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or any other household member currently using any illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Auto/Year/Make/Lic#: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information, Inc., 360-588-1633, PO Box 277, Anacortes, WA 98221. I certify that to the best of my knowledge all statements are "true & complete". I further authorize Orca Information, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application. SCREENING FEE IS NON-REFUNDABLE.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Abbey Rowe Apartments, LLC Phone #: (360) 455-8580 Fax #: (360) 455-8590

Orca Information, Inc. PO Box 277, Anacortes, WA 98221 Phone: 360-588-1633/800-341-0022 Fax: 360-588-1189/800-522-6722/866-268-0188

