

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: Y N

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

CURRENT ADDRESS (Required Entry)

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

PRIOR ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co _____
Address _____
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 _____

Address _____ Suite _____ City _____ State/Zip _____

√ 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? _____

√ Are you a fulltime student? Yes _____ No _____

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 _____

Ever had bedbugs or any other infestation? Yes _____ No _____ If yes, what type of infestation: _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Local Contact _____ Address _____ Tel# _____

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____



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

LION Investigations, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722





CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

ADDRESS INFORMATION				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone ()		Fax ()		
Night Phone ()		Email:		

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT**, as necessary for application of tenancy.

Signature of Applicant

Date