

**Rainier Real Estate
Management Group**

Rainier Rentals
& Capstone Property Management

7521 Bridgeport Way W #A
Lakewood, WA 98499

Office: (253) 471-9915

Fax: (253) 471-9922

Rental Application

\$40 APPLICATION FEE PER ADULT

OFFICE USE ONLY

Property Interested in Renting: _____ Unit: _____

Approximate Move In Date: _____ Security Deposit: _____ Monthly Rental: _____

Application Fee Paid By: *Cash/Money Order/Check*
Received By: _____

SIGNING DATE: _____

MOVE IN COSTS: Security Deposit _____

Pro-rated Rent _____

TOTAL DUE AT SIGNING _____

APPLICANT:

First Name: _____ Middle Name: _____ Last Name: _____

S.S.# _____ Date of birth: ____/____/____ E-Mail Applicant: _____

Home Phone: () _____ Work : () _____ Cell: () _____

Drivers License: _____ State: _____ Expiration: _____

CO-APPLICANT:

Full Name: _____ Middle Name: _____ Last Name: _____

S.S.# _____ Date of birth: ____/____/____ E-Mail Co-Applicant: _____

Home Phone: () _____ Work : () _____ Additional: () _____

Drivers License: _____ State: _____ Expiration: _____

Is co.-applicant your spouse? Spouse former Name: _____

Name of Children or other minor(s) to occupy the unit:

***If more than 2 adults are applying over 18 years of age they must complete a separate rental application.**

Name: _____ Relationship to you: _____ Age: _____

Name: _____ Relationship to you: _____ Age: _____

Name: _____ Relationship to you: _____ Age: _____

Name: _____ Relationship to you: _____ Age: _____

Residential History

Applicant:

Present Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Landlord Name & Phone Number: _____ Rent amount \$ _____

Reason for Moving: _____

Past Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Landlord Name & Phone Number: _____ Rent amount \$ _____

Reason for Moving: _____

Residential History

Co-Applicant:

Present Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Landlord Name & Phone Number: _____ Rent amount \$ _____

Reason for Moving: _____

Past Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Landlord Name & Phone Number: _____ Rent amount \$ _____

Reason for Moving: _____

Employment History

Applicant:

Current Employer: _____ Supervisor: _____ How long? _____

(Applicant)

Phone: _____ Full-time Part-time Monthly Income \$ _____

Previous Employer: _____ Supervisor: _____ How long? _____

Phone: _____ Full-time Part-time Monthly Income \$ _____

Additional Income: How Much? _____

Source: _____

If Military: Separation Date: _____ Rank: _____

Co-Applicant:

Current Employer: _____ Supervisor: _____ How long? _____

(Co. Applicant)

Phone : _____ Full-time Part-time Monthly Income \$ _____

Previous Employer: _____ Supervisor: _____ How long? _____

Phone: _____ Full-time Part-time Monthly Income \$ _____

Additional Income: How Much? _____ Source: _____

If Military: Separation Date: _____ Rank: _____

Please be advised that we require a current check stub and if self employed you must provide current bank statements and the last two years tax returns.

Personal Character References: (must know three years or more)

Applicant:

Local Acquaintance Name: _____ Phone Number: _____ Years Known? _____

Nearest Relative Name: _____ Phone Number: _____ Years Known? _____

Emergency Contact Name: _____ Phone Number: _____ Years Known? _____

Personal Character References: (Must know three years or more)

Co-Applicant:

Local Acquaintance Name: _____ Phone Number: _____ Years Known? _____

Nearest Relative Name: _____ Phone Number: _____ Years Known? _____

Emergency Contact Name: _____ Phone Number: _____ Years Known? _____

Credit References: (list open bank loans, leases, and credit cards)

Type Name:	Address:	Account:	Phone:

Automobile License #: _____ Automobile (yr./make): _____

Automobile License #: _____ Automobile (yr./make): _____

Have you ever been evicted? Yes ___ No ___

If yes, property Name & Address: _____

Balance Owing? Yes ___ No ___ If Yes, how much is remaining? _____

Reason: _____

Have the Police even been summoned to you home for any reason? Yes ___ No ___

Please explain: _____

Any Civil Judgments? Yes ___ No ___

Please explain: _____

Have you ever broken a rental contract? Yes ___ No ___

Please explain: _____

Have you ever refused to Pay Rent? Yes ___ No ___

Please explain: _____

Have you ever filed Bankruptcy? Yes ___ No ___ Type of Bankruptcy? _____ What Year was bankruptcy final? _____

Have you ever been arrested? Yes ___ No ___

Please explain: _____

Have you ever been convicted of any illegal drug activity? Yes ___ No ___

Please explain: _____

Have you ever been convicted of a Felony? Yes ___ No ___ Misdemeanor? Yes ___ No ___

Please explain: _____

State and County of Conviction: _____

Are you required to register as a sex offender? Yes ___ No ___

Do you own any of the following:

Waterbed? ___ Aquarium? ___ Boat? ___ Motor home? ___ Dog? ___ Cat? ___

Pet Descriptions: _____

Are you or co-applicant presently on any other lease or rental agreement as a primary or co-signer? Yes ___ No ___

Please explain? _____

Applicant: Do you or any member of your household have a medicinal marijuana card? Yes ___ No ___

If Yes Who: _____

Co-Applicant: Do you or any member of your household have a medicinal marijuana card? Yes ___ No ___

If Yes Who: _____

Applicant: Do You Smoke: Yes: _____ No: _____

Co-Applicant: Do You Smoke: Yes: _____ No: _____

Does anyone who will be living with you at this address smoke: Yes: _____ No: _____

If Yes Who: _____

INFORMATION RELEASE AUTHORIZATION

I (we) understand there is a \$ 40.00 (per adult over 18 years old) non-refundable screening fee, and that I (we) acquire no rights to the rental unit until the rental contract is signed. I (we) certify that the facts set forth in this rental application are true and complete to the best of my (our) knowledge. You are hereby authorized to make any investigation of and/or but not limited to the following my (our) personal, financial, criminal, credit, and work history. I (we) hereby release any and all information to Capstone and/or it's contracted agents. I am (we are) willing that a photocopy of this authorization be accepted with the same authority as the original. Applicants further authorize the disclosure of this information to owner/agent and government law

enforcement agencies as deemed appropriate by Capstone and acknowledges that false or misrepresented information may constitute grounds for rejection of this application. Applicant agrees that this is a routine investigation of character, general reputation and mode of living and shall not constitute an invasion of privacy. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and or a written summary of your rights under the WA Fair Credit Reporting Act. If you seek to review your credit report of other such information you should contact Moco Inc., P.O. Box 2826, Seattle, WA. 98111, 800-814-8213. Per RCW 621.3-515 NSF Checks will be subject to a handling fee of \$50.00. Additional fees and penalties will apply if NSF checks and handling fees are not paid within 15 days of postmark notice.

Signature: _____
(Applicant)

Date: _____

Signature: _____
(Co. Applicant)

Date: _____