7521 Bridgeport Way W #A Lakewood, WA 98499

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Rainier Real Estate Management Group

Rainier Rentals & Capstone Property Management

Rental Application

\$50 APPLICATION FEE PER ADULT

	OFFICE US	E ONLY	•
Property Interested in Renting:		Unit:	
Approximate Move In Date: S			tal:
Application Fee Paid By: Cash/Money Order Received By:		SIGNING DATE: MOVE IN COSTS:	Security Deposit Pro-rated Rent TOTAL DUE AT SIGNING
APPLICANT:			
First Name:	Middle Name:	La	st Name:
S.S.# Date of bir			
Home Phone: ()			
Drivers License:	State:	Expiration	:
CO-APPLICANT:			
Full Name:	Middle Name:	La	st Name:
S.S.# Date of bir			
Home Phone: () V			
Drivers License:			
Is coapplicant your spouse? Spouse form			
Name of Children or other minor(s) to occup *If more than 2 adults are applying over	ov the unit:		a separate rental application.
Name:	Relationsh	ip to you:	Age:
Name:	A		Age:
Name:			
Nome			Age:

2.

Residential History

Applicants		
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:		
Co-Applicant:	Residential Histo	<u>ory</u>
Present Address:		How long?
City:		
Landlord Name & Phone Number:		Rent amount \$
Past Address:		How long?
City:		
	•	Rent amount \$
Reason for Moving		

Employment History

Applicant:			
Current Employer:	Supervisor:	How long?	
(Applicant) Phone:	— · . —	Monthly Income \$	
Previous Employer:	Supervisor:	How long?	
Phone:	Full-time Part-time	Monthly Income \$	
Additional Income: How Much?			
Source:			
If Military: Separation Date: Rank:	<u>, </u>	-	
Co-Applicant:			
Current Employer:	Supervisor:	How long?	
(Co. Applicant) Phone:		Monthly Income \$	
Previous Employer:	Supervisor:	How long?	
Phone:		Monthly Income \$	
Additional Income: How Much? Sou	urce:		
If Military: Separation Date: Rank:			
Please be advised that we require a current statements	nt check stub and if self employed and the last two years tax returns references: (must know three years)		
Applicant:			
Local Acquaintance Name:	Phone Number:	Years Known?	
Nearest Relative Name:			
Emergency Contact Name:		Years Known?	

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

Co-Applicant:	lame:	Phone Number:	Years Known?
Local Acquaintance Name: Nearest Relative Name: Emergency Contact Name:			Years Known?
		Phone Number:	Years Known?
Credit References: (list open bank loans, leases	and credit cards)	
		Account:	
):
Automobile License	4.	Automobile (yr./make	:);
Have the Police ever	ı been summoned to you l	nome for any reason? Yes No	
	s? Yes No		
Have you ever brok Please explain:	en a rental contract? Yes	No	
Please explain:			
Have you ever filed	Bankruptcy? YesN	lo Type of Bankruptcy?	What Year was bankruptcy final?
Have you ever been Please explain:	arrested? YesNo	·	

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Have you ever been convicted of any illegal drug activity? YesNo Please explain:
Have you ever been convicted of a Felony? Yes No Misdemeanor? Yes No Please explain:
Please explain:
State and County of Conviction:
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
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:		Date:
-	(Applicant)	
Signature:		Date:
	(Co. Applicant)	