

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? \_\_\_\_\_

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# \_\_\_\_\_

s:\Powell\_Home\_Builders\Powell Property Management\Forms\Application to Rent

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

Phone #: (206) 878-0389
Fax #: (206) 824-9030
Powell Management

Orca Information, Inc.
Phone: 360-588-1633/800-341-0022
Fax: 360-588-1189/800-522-6722/866-268-0188



