

The **Rental Association of Wenatchee Valley** recommends that you consult your attorney prior to selection and use of provided forms. RAWV does not represent or guarantee your selection or execution of this form as appropriate for your specific circumstances. For use of current RWV members only. No presentation is made as to the sufficiency or tax consequences of this form.

APPLICATION TO RENT
EACH ADULT OVER THE AGE OF 18 MUST COMPLETE A SEPARATE APPLICATION

Please print clearly! Illegible information causes a delay in process

Association Member Number	Member Name	Member Phone Number	Member Fax Number

Rental Property Address: _____ Requested Move In Date: _____

Rental Amount \$ _____ *Cleaning (deposit) (fee) \$ _____ *Pet Fee: \$ _____

*Security/Damage/Cleaning Deposit \$ _____ *Application Fee: \$ _____ *Processing Fee: \$ _____

***DEPOSITS ARE POTENTIALLY REFUNDABLE, FEES ARE NON REFUNDABLE**

Tenant is required to pay utilities unless otherwise noted: _____

Appliances present (check all that apply): Refrigerator Oven Dishwasher Washer Dryer

QUICK
 COMPREHENSIVE
 ESSENTIAL
 PROTECTOR

Applicant
 Roommate w/ _____
 Cosigner
 Section 8

APPLICANT INFORMATION
PLEASE PROVIDE A COPY OF PHOTO IDENTIFICATION

(LEGAL) Last Name	First	Middle	Soc. Sec. #	Date of Birth
Other Names Used	Drivers License #/State		Email Address	Contact Phone Number

Do you have or intend to get: Boat / Camper / Waterbed / Aquarium / Piano / Other large items? If yes, explain:

OCCUPANTS TO MAINTAIN RESIDENCY

1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB
2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB

PETS TO OCCUPY UNIT

Attach separate sheet if needed	1	Name	Type/Breed	Weight	2	Name	Type/Breed	Weight
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Do you intend to get any pets? If yes, please explain:

RESIDENCE HISTORY

Why are you vacating your current place of residence?

Present Address	City	State	Zip	From _____ To _____	Monthly Pmt \$ _____
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord					<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Daytime Phone: _____			Landlord Evening Phone: _____		
Why did you vacate your previous place of residence?					
Previous Address	City	State	Zip	From _____ To _____	Monthly Pmt \$ _____
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord					<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Daytime Phone: _____			Landlord Evening Phone: _____		

EMPLOYMENT & INCOME INFORMATION

Please attach W-2, 1099 and/or recent paystubs

Current Employer	Monthly Salary (net) \$	Supervisor's Name	FT or PT	How Long? Yrs Mos
Address City State Zip		Phone	Occupation/Department	
<input type="checkbox"/> Previous Employer , or <input type="checkbox"/> 2 nd job	Monthly Salary (net) \$	Supervisor's Name	FT or PT	How Long? Yrs Mos
Address City State Zip		Phone	Occupation/Department	

ADDITIONAL INCOME such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder

Amount \$ per Sources

Are you currently paying or required to pay Child Support? Yes No If yes, amount per month: \$ _____

VEHICLE INFORMATION

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address City State Zip	Phone ()
Emergency Contact	Relationship	Address City State Zip	Phone ()
Personal Reference	Relationship	Address City State Zip	Phone ()
Personal Reference	Relationship	Address City State Zip	Phone ()

BANK INFORMATION

Bank Name	Branch Location	Checking Account Number	Savings Account Number
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CREDIT REFERENCES

1	Creditor Name	Address	2	Creditor Name	Address
3	Creditor Name	Address	4	Creditor Name	Address

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Yes No
IF YES, please list the date, city, state and type of all convictions: _____
Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER? Yes No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? Yes No
IF YES: APT NAME: _____ CITY _____ STATE _____

Do you owe a landlord money? Yes No – If yes, how much: \$ _____

Do any of the household members smoke? Yes No

Do you have renters insurance?

Yes No Name of Company: _____ (You will need to list the owner as Additional Insured if insurance is required)

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee \$ _____ Check/Money Order # _____

Signed _____ Dated _____ Time _____
Applicant

Signed _____ Dated _____
Landlord

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

