

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 RAWV members only. No representation is made as to the sufficiency or tax consequences of this form.



MANAGERS – Visual Proof of Drivers License or State I.D.: Yes No I.D. Checked by: _____

	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
CLIENT #: _____					

Credit Only Quick Check Express Report Complete Report Essential Report Protector Report _____

APPLICATION TO RENT Apartment # _____ Move-in Date _____ Rent \$ _____ Lease _____

Applicant Roommate w/ _____ Cosigner Section 8

APPLICANT INFORMATION															
Each adult over the age of 18 must complete a separate application.															
(LEGAL) Last Name			First		Middle		Soc. Sec. #		Date of Birth						
Other Names Used			Drivers License #/State		Email Address			Contact Phone Number							
Other Persons to Occupy Rental:	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		Weight		2	Name		Type		Weight		
RESIDENCE HISTORY															
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: _____					
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: _____					

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EMPLOYMENT HISTORY						
Current Employer		Monthly Salary	Supervisor's Name		How long?	
		\$			Yrs Mos	
Address		City	State	Zip	Phone	Occupation/Department
<input type="checkbox"/> Previous Employer		<input type="checkbox"/> 2 nd job		Monthly Salary	Supervisor's Name	
				\$		
Address		City	State	Zip	Phone	Occupation/Department
ADDITIONAL INCOME – 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						
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
						()

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 _____

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 # _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed _____
 Applicant

Dated _____

Signed _____
 Landlord

_____ Position

Dated _____

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



Rental Application – R0108
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