

POWELL PROPERTY MANAGEMENT
(206) 824-3733
(206) 824-1217 - FAX

CO-TENANTS OTHER THAN SPOUSE MUST USE SEPARATE APPLICATION

Address of Rental Property: _____

Unit # _____ Rent Amount: _____

Applicant's Name _____ SSN _____

Date of Birth _____ DL # _____ Tel # _____

Spouse: _____ SSN _____

Date of Birth _____ DL # _____ Tel # _____

Other Occupant's Name, Age & Relationship _____

Complete Every Item On Application, Incomplete and/or Inaccurate Information May Result in Process Delay or Denial on Tenancy.

CURRENT ADDRESS (REQUIRED ENTRY) _____

PRIOR ADDRESS (REQUIRED ENTRY) _____

Street: _____

Street: _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Apt# _____ Name of Apts _____

Apt# _____ Name of Apts _____

How Long (Mo/Da/Yr) From _____ To _____

How Long (Mo/Da/Yr) From _____ To _____

Pymts/Rent Pd To _____ Amt _____

Pymts/Rent Pd To _____ Amt _____

Landlord/Mgmt Co _____

Landlord/Mgmt Co _____

Address _____

Address _____

Tel# _____

Tel# _____

Rent/Own/Lease _____

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# _____

Term Date _____ REASON FOR LEAVING _____

Spouse's Employer _____ Tel# _____ Supervisor _____

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) _____

Have you ever used any other name? Yes No If yes, name(s) _____

Do you or any other occupant smoke? Yes No Have you or any prospective occupant ever been convicted of a crime? YES No

Have you ever: Been evicted? Yes No Refused to pay rent? Yes No Filed Bankruptcy? Yes No

Are you a full time student? Yes No Do you require special accommodations? Yes No

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Auto/Year/Make/Lic# 1) _____ 2) _____

Local Contact _____ Address _____ Tel# _____

Nearest Relative _____ Address _____ Tel# _____

List all other persons to occupy the unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I acquire no rights in an apartment or a single family dwelling until I sign this agreement and submit a holding fee in the amount of \$ _____. If my tenancy is approved and I sign an apartment rental agreement, this fee shall be credited to my first months rent and/or security deposit. If my tenancy is approved, but I DO NOT sign an apartment rental agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment at _____. If my tenancy is not approved, this fee shall be returned to me.

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information.

I/We certify that to the best of my/our knowledge all statements are "true and complete. I/We further authorize ORCA Information, LLC to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES, COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING and RENTAL REFERENCES as needed to verify all information put forth on this application. SCREENING FEE IS NON-REFUNDABLE.

Applicant's Name (please print) _____

Applicant's Signature: _____ Date: _____

Spouse's Name (please print) _____

Spouse's Signature: _____ Date: _____

Property Agent Name (please print) _____

Property Agent's Signature: _____ Date: _____

VISA/Mastercard/Debit accepted for application only - \$3.00 additional fee per transaction

Please charge \$_____ for this report to my
(circle one)

VISA MASTERCARD

Card Number

Name on Card Exp Date

Signature of Cardholder

Address

City, State, Zip

ORCA INFORMATION , LLC

Phone: 360-588-1633
800-341-0022

Fax: 360-588-1189
800-522-6722
866-268-0188

POWELL

PROPERTY MANAGEMENT

PO Box 98309 – Des Moines, WA 98198
206-824-3733

