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John L. Scott/Port Townsend

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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? \_\_\_\_\_  
✓ Are you a fulltime student? Yes \_\_\_\_\_ No \_\_\_\_\_

**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 \_\_\_\_\_  
Ever had bedbugs or any other infestation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of infestation: \_\_\_\_\_

Auto/Year/Make/Lic#: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_  
Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_



## CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

ADDRESS INFORMATION				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone (     )		Fax (     )		
Night Phone (    )		Email:		

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT**, as necessary for application of tenancy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

