

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

Management Company	Apartment Community	Community Contact	Community Telephone #
CLIENT #: 51-13531	LORIG MANAGEMENT SERVICES, LLC	NORDHEIM COURT	206-934-1200

CRIMINAL ONLY **COMPREHENSIVE**

Each adult over the age of 19 must complete a separate application.

APPLICATION TO RENT Apartment # _____ Rent \$ _____ Lease _____

Preferred Move In Date:	Contact ph#:	Contact Email:	Student ID #:
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Applicant Roommate W/ _____ Guarantor Name: _____

APPLICANT INFORMATION

(LEGAL) Last Name	First	Middle	Soc. Sec. #	Date of Birth	Drivers License #/State		
Other Names Used	Other Roommates to Occupy Unit:	1	Full Name	Relationship	3	Full Name	Relationship
		2	Full Name	Relationship	4	Full Name	Relationship

RESIDENCE HISTORY

Present Address	City	State	Zip	From _____ To _____	Phone	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 _____	Phone	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 HISTORY

Current Employer	Monthly Salary \$	Supervisor's Name	How long? Yrs _____ Mos _____		
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 _____

CREDIT & LOAN REFERENCES

Auto Loan #1 (Make/Model)	License	State	Lien Holder	Lien holder Address	Monthly Pmt
Loans, Charge Accts & Credit Cards owed to	Account Number(s)	Address	Total Debt	Monthly Pmt	
Bank or Savings & Loan	Branch	Address	Account Number		
Bank or Savings & Loan	Branch	Address	Account Number		

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address	City	State	Zip	Phone
2 nd Nearest Relative	Relationship	Address	City	State	Zip	Phone
Emergency Contact	Relationship	Address	City	State	Zip	Phone
2 nd Emergency Contact	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 Offense(s): _____
Please list all offenses. **Include city and state** where the offense(s) were committed. 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 fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, to obtain credit reports, rental and employment verifications, bank information and character information as necessary. Moco, Inc. is authorized to release any information obtained during the screening process to landlord and landlord's agents. Applicant has the right to dispute the accuracy of information obtained during the screening process. If the application is denied because of credit, applicant may obtain a copy of the credit report from the credit reporting agency.

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 \$200 has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If the applicant chooses not to occupy the unit being held, the applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed _____ Dated _____
Applicant

Signed _____ Dated _____
Landlord

Position _____ Dated _____

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

