

Statement of Support
Nordheim Court Leasing Office
 5000 25th Avenue NE, Seattle, WA 98105
 (206) 934-1200 / Fax (206) 934-1201

Date: 5/2/2008

GUARANTOR INFORMATION					
(LEGAL) Last Name	First	Middle	Soc. Sec. #	Date of Birth	
Example	John	M	111-11-1111	6/18/49	
Present Address		City	State	Zip	
678 Main St		Seattle	WA	98121	
Home Phone	Work Phone	Cell Phone			
206 333-1212	206-888-1212	206 999-1212			

I, John M Example take full responsibility for support of
(Please Print Guarantor Name)
William A Example, and the subsequent rental payments
(Please Print Student Name)

and/or damage caused by said person of the property he/she is renting at Nordheim Court, located at 5000 25th Avenue NE, Seattle, WA 98105, Unit # 4-102. I understand that this statement of support shall be binding during the entire term of the rental agreement and shall only terminate when the rental agreement for the above property terminates. I make this statement of support to include Lorig Management Services, L.L.C to rent this property to the person above named.

In compliance with fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application. By signing this application, you authorize Moco Incorporated whose address is PO Box 2826, Seattle, WA 98111 to obtain a credit report as necessary. Moco Incorporated 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 applicant is denied due to credit, applicant may obtain a copy of the credit report from the credit reporting agency.

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

The above information is given in order for the landlord to determine my/our credit standing for the purposes of paying rent payments and/or damages caused by said tenant as stated above.

Note: An additional fee of \$13 is needed for the Statement of Support Applicant. Please include the additional fee on the Visa/MasterCard Authorization Form or via personal check.

Signed John Example example2@email.com Dated 5/2/2008
Guarantor Email Address

Signed _____ Dated _____
Landlord Position

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



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

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

CRIMINAL ONLY COMPREHENSIVE

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

APPLICATION TO RENT Apartment # 407C Rent \$ 695 Lease 12 mo

Preferred Move In Date: <u>9/16/08</u>	Contact ph#: <u>206-555-1212</u>	Contact Email: <u>wexample@email.com</u>	Student ID #: <u>1234567</u>
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Applicant Roommate w/ John Smith Guarantor Name: John Example

APPLICANT INFORMATION					
(LEGAL) Last Name <u>Example</u>	First <u>William</u>	Middle <u>A</u>	Soc. Sec. # <u>111-11-1111</u>	Date of Birth <u>9/12/1980</u>	Drivers License #/State <u>EXAMPWA2030K</u>
Other Names Used <u>Bill</u>	Other Roommates to Occupy Unit:	1 Full Name <u>John Smith</u>	Relationship <u>friend</u>	3 Full Name <u>Paul Lincoln</u>	Relationship <u>friend</u>
		2 Full Name <u>Nate Sample</u>	Relationship <u>friend</u>	4 Full Name <u>John Doe</u>	Relationship <u>friend</u>

RENTAL INFORMATION					
Present Address <u>1201 NE Campus Pkwy</u>	City <u>Seattle</u>	State <u>WA</u>	Zip <u>98105</u>	From <u>6/07</u>	To <u>curr.</u>
Landlord Name <u>Lander Hall / Campus Housing</u>	Relationship <input checked="" type="checkbox"/> Relative/Friend	Employer/Corp Housing <input type="checkbox"/>	Independent Landlord <input type="checkbox"/>	Phone <u>206-555-1212</u>	Monthly Pmt <u>300</u>
Previous Address <u>678 Main St. Sca.</u>	City <u>WA</u>	State <u>WA</u>	Zip <u>98101</u>	From <u>1980</u>	To <u>5/07</u>
Landlord Name <u>John Example / Father</u>	Relationship <input checked="" type="checkbox"/> Relative/Friend	Employer/Corp Housing <input type="checkbox"/>	Independent Landlord <input type="checkbox"/>	Phone <u>206-333-1212</u>	Monthly Pmt <u>0</u>

Current Employer <u>Starbucks</u>	Monthly Salary <u>300</u>	Supervisor's Name <u>Karen</u>	How long? <u>8</u> yrs
Address <u>888 Bucklyn Sca.</u>	City <u>WA</u>	State <u>WA</u>	Zip <u>98111</u>
Phone <u>206-444-1212</u>	Occupation/Department <u>Barista</u>		

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 \$ 5000 per yr Source Student loan

FINANCIAL INFORMATION					
Auto Loan #1 (Make/Model) <u>Toyota Camry</u>	License <u>1112233</u>	State <u>WA</u>	Lien Holder <u>WA Mutual</u>	Lien holder Address <u>Sca WA</u>	Monthly Pmt <u>\$ 1259</u>
Leases, Charge Accts & Credit Cards owed to	Account Number(s) <u>n/a</u>	Address <u>n/a</u>	Total Debt <u>n/a</u>	Monthly Pmt <u>n/a</u>	
Bank or Savings & Loan <u>WA Mutual</u>	Branch <u>Seattle</u>	Address <u>n/a</u>	Account Number <u>000111222333</u>		
Bank or Savings & Loan <u>n/a</u>	Branch <u>n/a</u>	Address <u>n/a</u>	Account Number <u>n/a</u>		

EMERGENCY INFORMATION					
Nearest Relative <u>John Example</u>	Relationship <u>Father</u>	Address <u>678 Main St Sca</u>	City <u>WA</u>	State <u>WA</u>	Zip <u>98121</u>
2 nd Nearest Relative <u>Sarah Example</u>	Relationship <u>mother</u>	Address <u>3030 Garfield Sca</u>	City <u>WA</u>	State <u>WA</u>	Zip <u>98121</u>
Emergency Contact <u>Same as nearest relative</u>	Relationship <u>Same as nearest relative</u>	Address <u>Same as nearest relative</u>	City <u>Same as nearest relative</u>	State <u>Same as nearest relative</u>	Zip <u>Same as nearest relative</u>
2 nd Emergency Contact <u>Same as 2nd nearest relative</u>	Relationship <u>Same as 2nd nearest relative</u>	Address <u>Same as 2nd nearest relative</u>	City <u>Same as 2nd nearest relative</u>	State <u>Same as 2nd nearest relative</u>	Zip <u>Same as 2nd nearest relative</u>

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 2828, 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 \$ 39.50 Check/Money Order # credit card

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 William Example Applicant Dated 05/02/08
Signed _____ Landlord Position _____ Dated _____

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VISA / MASTERCARD AUTHORIZATION FORM

Client Information (Office Use Only):

Client (Community) Name: NORDHEIM COURT Client #: _____
 Client Representative: _____

Apply below Charge/Debit Amt as follows:

Name (applicants, cosigners, etc)	Unit #	Service Type	Amount
WILLIAM EXAMPLE	1407C	COMPREHENSIVE	\$ 28.50
JOHN EXAMPLE	"	CREDIT	\$ 18.50
Total			\$ 42.00

Credit Card Information:

Visa:

Master Card:

Card Number: 0 1 2 3 - 4 5 6 7 - 8 9 1 0 - 1 2 3 4

Cardholder Name: JOHN EXAMPLE
Please print name (exactly as it appears on the card)

Card Exp Date: 05/04/10 Phone Number: 206-111-2222
Month/Day/Year (NNN) NNN-NNNN

Security Code: 123 (3 digit code found on back of card) Amount: \$ 42.00

Billing address: 678 MAIN STREET (Street Address)

SEATTLE WA 98121 (City, State & Zip)

Cardholder Authorization:

I authorize Moco, Inc. to place the above charge against my account. I understand that this fee is non-refundable, even if my application to rent is denied.

X John Example
 Cardholder Signature

5/2/08
 Transaction Date:

Fax form with rental application to Moco, Inc. at 206-505-7480 or 1-800-257-8893.

Moco (Internal) Use Only

Authorization Code: _____