





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 \_\_\_\_\_
Email: \_\_\_\_\_

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 \_\_\_\_\_
Email: \_\_\_\_\_

√ 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# \_\_\_\_\_
√ Animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number, size, and type(s) \_\_\_\_\_
√ Disability status and require special accommodations? \_\_\_\_\_

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever had wages garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when was last time garnished and what did you owe causing garnish?

(Give debt details): \_\_\_\_\_

Ever been taken to court for owing money? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, to whom did you owe money? (Provide details: Name of company, amount owed, location of courthouse): \_\_\_\_\_

Ever had a judgment filed against you for money owed? (Give details): \_\_\_\_\_

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 Lifetime Registered Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

What other states have you lived in? \_\_\_\_\_

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

Do you or any other household member smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other household member filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_

Auto/Year/Make/Lic#: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Ph #: (360) 656-6767
Eml: pp@grandviewmanagement.com

Grandview/Park Place

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



## Addendum (A) to Application for Tenancy

### LETTER OF AUTHORIZATION

Revised 6/2020

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., 120 E. George Hopper Rd, Suite 108, Burlington, Washington 98233, Ph: 360-588-1633. I certify that to the best of my knowledge all statements are "true and complete". I further authorize ORCA Information, Inc. to obtain Credit Reports, Employment References (including verifying salary), Court Records and Character References, Mode of Living, and Rental References as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application.

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

You have the right to obtain a free copy of the consumer report in the event of a denial or other adverse action, and to dispute the accuracy of information appearing in the consumer report. The consumer reporting agency:  
Orca Information, Inc.  
120 E. George Hopper Road, Suite 108  
Burlington, WA 98233  
Phone 800-341-0022 Fax 800-522-6722

I also understand Orca Information's role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Manager's/Assistant Manager's Signature

**LIST ALL JUVENILE AGE OCCUPANTS 12 - 17 YRS:**  
*(Note: There is an additional \$15 fee)*

1. Full Legal Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_