

Management Company	
Property Address	
Manager's Name	Phone #



1800 136<sup>th</sup> Place NE, Suite 206  
 Bellevue, WA 98005  
 (425) 401-9450

FAX (425) 401-9644



This application must be completed in full to assure prompt processing.

Manager: Visual proof of driver's license / or State ID  YES  NO

**Please Use Separate Forms for Each Applicant Other than Spouse**

Apartment # \_\_\_\_\_ Move In Date \_\_\_\_\_ Rent Amount \_\_\_\_\_ Parking Amount \_\_\_\_\_ Other Amount \_\_\_\_\_ Lease Term \_\_\_\_\_

Applicant's Last Name (Please Print)	First	Middle	Birth Date (mm/dd/yy) / /	Driver's License #	Social Security # - -
Spouse's Last Name (Please Print)	First	Middle	Birth Date (mm/dd/yy) / /	Driver's License #	Social Security # - -
To be occupied by: _____ Adults _____ Children			Children's Names and Ages		
Do you have pets? How many? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type & Size (Pets Require a Pet Deposit and Owner's Consent)			Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have waterbed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

**RESIDENCE HISTORY - 2 YEARS**

Present Address	City	State	Zip	How Long? ____Yrs ____Months	Phone # ( ) -	<input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Pmt. \$_____
<input type="checkbox"/> Name of Present Landlord <input type="checkbox"/> Apartment <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Other				Landlord's Daytime Phone ( ) -		
				Landlord's Nighttime Phone ( ) -		
Previous Residence Address	City	State	Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Pmt. _____	How Long? ____Yrs ____Months	
<input type="checkbox"/> Name of Present Landlord <input type="checkbox"/> Apartment <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Other				Landlord's Daytime Phone ( ) -		
				Landlord's Nighttime Phone ( ) -		

**EMPLOYMENT HISTORY - 2 YEARS**

Applicant Employed By	Supervisor's Name			How Long? ____Yrs ____Months	
Address	City	State	Zip	Phone # ( ) -	Position/Occupation Salary \$_____ Per _____
Previous or 2 <sup>nd</sup> Employed By	Supervisor's Name			How Long? ____Yrs ____Months	
Address	City	State	Zip	Phone # ( ) -	Position/Occupation Salary \$_____ Per _____
Spouse Employed By	Supervisor's Name			How Long? ____Yrs ____Months	
Address	City	State	Zip	Phone # ( ) -	Position/Occupation Salary \$_____ Per _____
Spouse Previous or 2 <sup>nd</sup> Employed By	Supervisor's Name			How Long? ____Yrs ____Months	
Address	City	State	Zip	Phone # ( ) -	Position/Occupation Salary \$_____ Per _____
ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be described unless such additional income is to be included for qualification hereunder. Amount of \$_____				Number of Vehicles on Property:	Do you have any recreational vehicles, vans, boats, motorcycles? If so, specify.

