

27013 Pacific Highway S. #294 Des Moines, WA 98198 (253) 945-9595 FAX (253) 945-9603	Rental Location: _____ _____ _____	<input type="checkbox"/> LEASE <input type="checkbox"/> MONTH TO MONTH	UNIT: _____ RENTAL PAYMENT: _____
MOVE IN DATE: _____		NON-REFUNDABLE APPLICATION FEE: \$35.00 PER APPLICANT	

VISUAL PROOF OF DRIVER'S LICENSE OR STATE ID PROVIDED: YES NO **USE SEPARATE APPLICATION FOR ALL OTHER ADULT PROPOSED OCCUPANTS**

APPLICANT INFORMATION- Driver's license or photo ID must be provided; incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE (MAIDEN) NAME:	
SOCIAL SEC#:	DATE OF BIRTH:		
DRIVER'S LICENSE INFORMATION: #	ISSUE DATE:	EXPIRATION DATE:	ISSUED FROM WHICH STATE?:
ADDRESS SHOWN ON DRIVERS LICENSE:		CITY:	STATE: ZIP:

CO-APPLICANT INFORMATION- Driver's license or photo ID must be provided; incomplete or false information may result in denial.

LAST NAME:	FIRST NAME:	MIDDLE (MAIDEN) NAME:	
SOCIAL SEC#:	DATE OF BIRTH:		
DRIVER'S LICENSE INFORMATION: #	ISSUE DATE:	EXPIRATION DATE:	ISSUED FROM WHICH STATE?:
ADDRESS SHOWN ON DRIVERS LICENSE:		CITY:	STATE: ZIP:

APPLICANT AND CO-APPLICANT HISTORY: AT LEAST 2 YEARS- incomplete or false information may result in denial.

PRESENT ADDRESS:	APT #	CITY:	STATE:	ZIP:
DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER YOUR AREA CODE/PHONE MONTHLY PAYMENT AMOUNT: HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? DATES: FROM: TO:				
CURRENT APT. /MORTGAGE/LANDLORD NAME:	CITY:	STATE:	DAYTIME LANDLORD PHONE:	EVENING LANDLORD PHONE:
REASON FOR MOVING:				
PREVIOUS ADDRESS:	APT #	CITY:	STATE:	ZIP:
DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER PREVIOUS LANDLORD NAME: PREVIOUS LANDLORD PHONE: HOW LONG HAVE YOU LIVED AT YOUR PREVIOUS ADDRESS? DATES: FROM: TO:				
REASON FOR MOVING:				

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letter of hire/transfer may be required

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE / PHONE:
POSITION	SUPERVISOR'S NAME	MONTHLY SALARY	EMPLOYMENT DATES: FROM: TO:	
PREVIOUS/ADDITIONAL EMPLOYER:		ADDRESS:	CITY:	STATE: AREA CODE / PHONE:
POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY:	EMPLOYMENT DATES: FROM: TO:	
PREVIOUS/ADDITIONAL EMPLOYER:		ADDRESS:	CITY:	STATE: AREA CODE / PHONE:
POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY:	EMPLOYMENT DATES: FROM: TO:	

CO-APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letter of hire/transfer may be required

CURRENT EMPLOYER:	ADDRESS:	CITY:	STATE:	AREA CODE / PHONE:
POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY:	EMPLOYMENT DATES: FROM: TO:	
PREVIOUS/ADDITIONAL EMPLOYER:		ADDRESS:	CITY:	STATE: AREA CODE / PHONE:
POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY:	EMPLOYMENT DATES: FROM: TO:	
PREVIOUS/ADDITIONAL EMPLOYER:		ADDRESS:	CITY:	STATE: AREA CODE / PHONE:
POSITION:	SUPERVISOR'S NAME:	MONTHLY SALARY:	EMPLOYMENT DATES: FROM: TO:	

LIST ALL OTHER PROPOSED OCCUPANTS

NAME:	AGE:	RELATIONSHIP:	NAME:	AGE:	RELATIONSHIP:
CAR MAKE:	YEAR:	MODEL:	LICENSE:	CAR MAKE:	YEAR:
NAME OF NEAREST RELATIVE:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE/ PHONE:
EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:	CITY:	STATE:	AREA CODE/ PHONE:
ADDITIONAL INCOME: APPLICANT/SPOUSE \$			SOURCE / NAME OF COMPANY:		AREA CODE / PHONE:

WILL YOU HAVE PETS LIVING IN THE UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST PET TYPES:	HAS A LANDLORD EVER TERMINATED YOUR RENTAL AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EVICTED OR LEFT A LANDLORD OWING MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF APT / LANDLORD:	CITY: STATE:
		TYPE OF OFFENSE:	COUNTY: STATE:

In accordance with State and Federal laws you are hereby notified that an investigation may be made by the undersigned landlord and the landlord's credit service provider of the information provided on this Application, together with information as to your character, general reputation, personal characteristics and mode of living. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and/r a written summary of your rights under the Fair Credit Reporting Act. Direct specific inquiries to TLC Property Management Company, PMB 294, 27013 Pacific Highway S., Des Moines, WA 98198.

I/We certify that to the best of my/our knowledge all statements made hereto are true and correct. I/We authorize the obtaining of such credit reports, verification of rental and employment history as is deemed necessary to verify all information set forth in the above Application by or for the landlord. I/We further understand that false, fraudulent or misleading information disclosed may be grounds for denial of tenancy or subsequent eviction.

APPLICANT SIGNATURE	DATE
APPLICANT SIGNATURE	DATE