

A Message To Our Applicants

☐ Use ink please.
☐ Print boldly and clearly.
☐ One applicant per application and signature page.
☐ Fill out <u>all</u> of the questions on the application. <u>Do not leave any blanks</u> .
☐ Current & prior rental history AND Landlord contact information is required. If you have
no previous rental history, list why.
Sign and date the application or we will be unable to process the report.
☐ Social Security Number(s), copy of social security cards & valid photo ID provided to
GRHD.
☐ All Employment information has been listed (including contact information)

Incomplete and/or illegible applications (applications we cannot read) could result in a delay or denial of tenancy. We appreciate the time you have taken to fill out our application as we have requested.

Self-Run POD Report

National Registry Check/Landlord-Tenant Data ONLY

Applicant's Complete Name:	Date of Birth:	
(including Jr., Sr., III, etc.)		
SSN# DL#	#/State issued:	
Tel#Email Add	dress:	
Other Occupant's Name, Age & Relationship:		
	naccurate Information May Result in Process Delay or Denial of Tenancy	
CURRENT ADDRESS (Required Entry)	uired Entry) PRIOR ADDRESS (Required Entry)	
Street	Street	
Street Zip	Street City State Zip	
Apt #Name of Apts		
How Long(Mo/Da/Yr)From To		
Pymts / Rent Pd ToAmt		
Landlord/Mgmt Co.		
Address	Address	
Tel#Rent/Own/Lease	Rent/Own/Lease	
<u> </u>		
√ Current Employer	Tel#Supervisor	
Dept / Attached toOccupation_		
Hire DateMonthly Salary	Full TimePart Time	
Address	SuiteState/Zip	
√ Prior Employer		
Dept / Attached toOccupation_	Rank	
Hire DateMonthly Salary	Full TimePart Time	
	SuiteState/Zip	
Additional Income (Interest, Child Support, Etc)	_	
√ BankAcct#	BranchTel#	
√ Pets? YesNo If yes, number, size, and type(s)		
√ Disability status and require special accommodations?		
√ Are you a fulltime student? YesNo		
HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:		
Ever been evicted or refused to pay rent? YesNo	Ever been Charged or Convicted of a Crime? YesNo	
If yes to any of the above, give details: What is the nature of	the offense? What County(ies) and State(s)?	
When?		
	es, list name(s)	
	14 16 000 1 0 V	
Are your or any other household member a Registered or Un		
Ever had bedbugs or any other infestation? Yes		
Do you or any other household member smoke? Yes		
Have you or any other household member filed bankruptcy?		
4	2.)	
ocal ContactAddress		
	Tel#	
mergency ContactAddress		



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2012 to comply with Fair Tenant Screening Act.

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., PO Box 277, Anacortes, Washington 98221, 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, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, 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 (for juvenile occupants, the undersigned parent/guardian authorizes the above-information to be obtained on their behalf).

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.

Applicant's Name (please print)		
Applicant's Signature		
Date of Authorization		
List All Juvenile Age Occupants	<u> 12yrs-17yrs</u> :	
Full Legal Name	Nickname(s)	Date of Birth
Full Legal Name	Nickname(s)	Date of Birth
Full Legal Name	Nickname(s)	Date of Birth