Non-Refundable
\$ _Investigative Fee

h #: (360) 460-4089 ax #: (717) 924-8661

McHugh Rental

Orea Information, Inc. 160-588-1633/800-241-0022 13x: 360-588-1189/800-522-6722

When? ___

Nearest Relative____



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION Address of Rental Property: ______ Unit #______ Rent Amount____ Applicant's Complete Name Date of Birth _____DL#/State issued: _____ SSN# ____Email Address:____ Tel #____ Current Address: City State Zip Apt # Name of Apartments Other Occupants 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. _____Amt_____ Rent/Own/Lease_____ How Long From____ Landlord/Mgmt Co Address City State Email Address of Landlord ______ Fax #_____ MOST CURRENT (Not Current) PRIOR ADDRESS (Required Entry) NEXT MOST CURRENT PRIOR ADDRESS (Required Entry) _____State_____Zip_____ __State_____Zip____ City____ City____ Apt #_____Name of Apts_____ Apt #_____Name of Apts______ How Long(Mo/Da/Yr) From_____To____ How Long(Mo/Da/Yr) From_____To____ Pymts / Rent Pd To _____ Pymts / Rent Pd To _____ ____Amt____ ____Amt____ Landlord/Mgmt Co._____ Landlord/Mgmt Co.____ ____Fax #____ Fax # Email Rent/Own/Lease____ Email Rent/Own/Lease____ _____Tel #______Supervisor_____ ✓ Current Employer _____ Dept / Attached to ______ Occupation _____ Rank__ _____Monthly Salary_____Full Time_____Part Time____ Hire Date _____Suite_____State/Zip_____ Address Dept / Attached to _____Occupation______Rank____ Monthly Salary_____Full Time_____Part Time Hire Date____ Suite City State/Zip Address Additional Income (Interest, Child support, Etc)_____ ______Acct #_______Branch______Tel #_____ Pets? Yes____No___ If yes, number, size and type(s)_____ Disability status and require special accomodations? Are you a fulltime student? Yes_____No__ HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER: 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)?_____

Emergency Contact Address Tel #

Are you or any other household member a Registered or Unregistered Sex Offender? Yes No

Local Contact Address Tel #

_____Address________ Tel # _____

Ever had bedbugs or any other infestations? Yes _____ No ____ If yes, what type of infestation? _____

Ever used any other name(s) Yes _____ No ____ If yes, list name(s)_____

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 land-lord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant's Name (please print)	There is an additional \$3	for this report to my (circle one). 0.00 processing fee when paying with STERCARD DISCOVER ANNEX	
Applicant's Signature	Card #		
	Expiration Date:	CVV Code:	
Date of Authorization			
	Print Name on Card	*	
Manager's/Assistant Manager's Signature	Signature of Cardholder		
	Card's Billing Address		
List All Juvenile Age Occupants 12yrs-17yrs:	City	State Zip Code	
Full Legal Name	Nickname(s)	Date of Birth	
Full Legal Name	Nickname(s) Date of Birth		
Full Legal Name	Nickname(s)	Date of Birth	

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