

Washington Rental Application

An individual application is required from each occupant 18 years of age or older. By submitting this Rental Application, authorization is given to the Community to obtain a credit report and any other reports necessary to confirm the information disclosed below on the Applicant. Government Issued ID is necessary. **If the applicant has been issued a U.S. Social Security Number it needs to be provided below.** Please print.

OFFICE USE ONLY		
Community Name:	Apartment Number:	Monthly Rent:
Lease Term:	Move-In Date:	Date Received:
Resident Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of referring resident or referral source:	Other:	Date:

APPLICANT INFORMATION	
Legal Name: (First, MI, Last; disclose any alias, if applicable)	Date of Birth:
<input type="checkbox"/> Please check this box if you have been issued a U.S. Social Security Number. U.S. Social Security Number:	<input type="checkbox"/> Please check this box if you have not been issued a U.S. Social Security Number. Please provide an alternate form of government issued ID below. Type of ID: ID #:
Driver License #:	State Issued:

NAMES OF PERSONS OTHER THAN YOURSELF WHO WILL OCCUPY APARTMENT	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

CURRENT ADDRESS				
Street Address:	City:	County:	State:	Zip:
Best Contact Phone #: ()	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____			
Additional Contact Phone #: ()	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____			
Email Address:				
Monthly Rent Paid: \$	How long at this address Years: Months: From: To:			
Landlord or Community Name:	Phone #: ()	Email:		

PREVIOUS ADDRESS			
Street Address:	City:	State:	Zip:
Monthly Rent Paid: \$	How long at this address Years: Months: From: To:		
Landlord or Community Name:	Phone #: ()	Email:	

CURRENT EMPLOYMENT			
Company Name:	Position:	Gross Monthly Income: \$	
Address:	City:	State:	Zip:
Length of Employment: Years: Months: From: To:	Phone #: ()	Email:	
Supervisor's Name:	Phone #: ()	Email:	
Other Income (monthly): \$	Source:		

PREVIOUS EMPLOYER (INFORMATION REQUIRED IF YOU HAVE BEEN WITH CURRENT EMPLOYER LESS THAN ONE YEAR)

Company Name:	Position:	Gross Monthly Income: \$	
Address:	City:	State:	Zip:
Length of Employment: Years: Months: From: To:	Phone #: ()	Email:	

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

1. Have you ever filed for bankruptcy? Yes No

2. Have you or anyone who will occupy the unit ever been evicted or asked to move? Yes No

The parties agree that a "Yes" answer to any of the questions below or a background check attesting to any of the following situations will be grounds for automatic denial of the Rental Application.

1. Have you or anyone who will occupy the unit ever been convicted of, plead guilty to, plead no contest to, received probation for, or accepted a deferred sentence or misdemeanor designation for a misdemeanor or felony involving sexual misconduct?
 Yes No

2. Have you or anyone who will occupy the unit ever been convicted of, plead guilty to, plead no contest to, received probation for, or accepted a deferred sentence for a misdemeanor designation for a misdemeanor or felony involving a crime against person or property? *If your crime was against person or property, not sexual misconduct, and it has been longer than seven years since your last contact with the criminal justice system, (in case of parole, this would mean that seven years have lapsed since the last parole check in), this question should be answered "No."*
 Yes No

The parties agree that if there is any subsequent conviction, plea of guilty, plea of no contest or acceptance of a deferred sentence for a misdemeanor or felony after approval of the Rental Application or move-in, the Resident agrees to immediately vacate the premises, remove all personal belongings, clean the premises, surrender possession and return all keys to management upon management's request.

PETS (NAME, COLOR, SEX, BREED AND WEIGHT INFORMATION IS ONLY REQUIRED FOR CATS AND DOGS.)

Pet Type: <input type="checkbox"/> No Pet <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____	Name:	Color:	
	Breed/Mix:	Sex:	Approximate Weight:
Pet Type: <input type="checkbox"/> No Pet <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____	Name:	Color:	
	Breed/Mix:	Sex:	Approximate Weight:

AUTOMOBILES

Year:	Make/Model:	Color:	License Plate #:
Year:	Make/Model:	Color:	License Plate #:

BANKING INFORMATION

Bank Name:

EMERGENCY CONTACT (OTHER THAN OCCUPANT IN YOUR NEW APARTMENT)

Name:	Relationship:	Phone #: ()	
Address:	City:	State:	Zip:

WHAT FACTORS MOST INFLUENCED YOUR DECISION TO CHOOSE THIS COMMUNITY? (CHOOSE UP TO THREE)

<input type="checkbox"/> Apartment Features/Finishes	<input type="checkbox"/> Property Appearance	<input type="checkbox"/> Rent Amount	<input type="checkbox"/> Parking
<input type="checkbox"/> Location/Convenience	<input type="checkbox"/> Personal Safety	<input type="checkbox"/> Lease Terms	<input type="checkbox"/> Community Amenities
<input type="checkbox"/> Staff/Management	<input type="checkbox"/> Floor Plans	<input type="checkbox"/> Community Policies	<input type="checkbox"/> Other: _____

PLEASE PROVIDE THE FOLLOWING TO ASSIST US IN PROCESSING YOUR APPLICATION:

1. Driver License, State I.D. Card, or other government-issued photo identification

2. Proof of Income (upon request)

3. Other information requested by your leasing representative.

I authorize you to obtain an investigative report in connection with this application. I also understand that any false, deceptive or absent information will result in the rejection of this application.

Signature: _____ Date: _____

Renter's Insurance will be required prior to move-in. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

THANK YOU FOR CHOOSING BRE PROPERTIES, INC.