

MANAGERS – Visual Proof of Drivers License or State I.D.:

Yes No I.D. Checked by: _____

Each adult over the age of 18 must complete a separate application.

Date/Time Received: _____

	Mgmt Company	Apt Community	Community Contact	Community Tel #
Co. ID: _____	Catholic Housing Services			

COMPREHENSIVE

 CREDIT/CRIMINAL/EVICTION

 SSN TRACE & CRIMINAL

APPLICATION TO RENT Apartment # _____ Move-in Date _____ Rent \$ _____ Lease _____

Applicant
 Co-Applicant w/ _____
 Cosigner
 Section 8

APPLICANT INFORMATION

(LEGAL) Last Name First Middle			Soc. Sec. #			Date of Birth					
Other Names Used			Driver License #/State			Email Address			Contact Phone Number		
Other Persons to Occupy Rental:	1	Full Name Relationship DOB			3	Full Name Relationship DOB					
	2	Full Name Relationship DOB			4	Full Name Relationship DOB					
Animal(s) to occupy unit: Attach separate sheet if needed	1	Name Type Weight			2	Name Type Weight					

RESIDENCE HISTORY

Present Address City State Zip				From _____ To _____				Monthly Payment \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____				Landlord Evening Phone: _____					
Previous Address City State Zip				From _____ To _____				Monthly Payment \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____				Landlord Evening Phone: _____					
Additional Previous Address City State Zip				From _____ To _____				Monthly Payment \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord								<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Landlord Daytime Phone: _____				Landlord Evening Phone: _____					

VEHICLE INFORMATION

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address	City	State	Zip	Phone ()
Emergency Contact	Relationship	Address	City	State	Zip	Phone ()
Personal Reference	Relationship	Address	City	State	Zip	Phone ()

Have you entered into a plea of guilty or no contest, or otherwise been convicted of a criminal offense, for which you were released from incarceration, probation or parole in the past seven (7) years?* Yes No

IF YES, please list the date, city, state and type of all convictions: _____

Attach separate sheet if necessary.

Are you or anyone who will be residing in the rental unit required to register as a sex offender? Yes No

Have you been asked to vacate by a current/previous landlord? Yes No

If YES, LANDLORD NAME: _____ CITY _____ STATE _____

***Please note that a criminal conviction does not necessarily disqualify you for residency. Refer to the applicable rental criteria for more information.**

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee \$ _____ **Check/Money Order #** _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed _____
Applicant

Dated _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Signed _____
Landlord

_____ Position

Dated _____

