

SCAOA d/b/a Landlord Assoc. of the North Sound

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RENTAL APPLICATION

Landlord/Member Name:		Results:		Fax <input type="checkbox"/>	Call 1st <input type="checkbox"/>	Private <input type="checkbox"/>
Rental Address:	Landlord/Mgr. Phone:		Fax:			
City:	State:	Zip:	Unit #	Rent \$	Dep.\$	
Visual Proof of Applicant ID Required	Email: (Communication only - Do not Email Applications)					
Enhanced Credit/WA Criminal <input type="checkbox"/>	Enhanced Credit Report Only <input type="checkbox"/>		Nationwide Sex Offender <input type="checkbox"/>			
Basic Credit/WA Criminal <input type="checkbox"/>	Basic Credit Report Only <input type="checkbox"/>		Eviction Report <input type="checkbox"/> (Specify State):			
WA Criminal Report Only <input type="checkbox"/>	Nationwide Instant Criminal w/SO <input type="checkbox"/>		Other Reports (Specify):			

NON-REFUNDABLE PROCESSING FEE: \$ _____

APPLICANT INFORMATION:

STOP - DO NOT COMPLETE UNLESS TOP SECTION FILLED IN BY LANDLORD OR MANAGER

FIRST/MIDDLE/LAST NAME (Verify ID):		OTHER LAST NAME(S) USED:		BIRTHDATE:		SS #	
DRIVERS LICENSE OR ID#		DATE ISSUED/STATE		EXPIRATION DATE		AREA CODE+PHONE: EMAIL:	
CURRENT ADDRESS		UNIT#		CITY		STATE ZIP	
DO YOU? <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/PARENT		OTHER:		DO YOU SMOKE?		YES / NO	
CURRENT LANDLORD or MORTGAGE CO.		CITY		STATE		AREA CODE + PHONE	
REASON FOR MOVING		MONTHLY PAYMENT \$		HOW LONG AT CURRENT ADDRESS?			
PREVIOUS ADDRESS		UNIT#		CITY		STATE ZIP	
DID YOU? <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/PARENT		OTHER:					
PREVIOUS LANDLORD/MORTGAGE CO.		CITY		STATE		AREA CODE + PHONE	
REASON FOR MOVING		MONTHLY PAYMENT \$		HOW LONG AT THIS ADDRESS?			
EMPLOYER/INCOME SOURCE		ADDRESS		CITY		STATE MONTHLY NET INCOME:	
POSITION		SUPERVISOR'S NAME		AREA CODE +PHONE		EMPLOYMENT DATES FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/>	
EMERGENCY CONTACT		RELATIONSHIP		ADDRESS		CITY ST ZIP AREA CODE+PHONE	
CAR MAKE/YEAR/MODEL		PLATE:		COLOR:			
REFERENCES		AREA CODE+PHONE		RV/BOAT/AQUARIUM/WATERBED/PIANO/LARGE ITEMS?:			
HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENSE OR FELONY?		YES / NO		DETAILS:			
HAVE YOU EVER BEEN EVICTED OR LEFT A RENTAL OWING A LANDLORD MONEY?		YES / NO		DETAILS:			
EVER FILED FOR BANKRUPTCY?:		WHEN?					
DO YOU HAVE PETS OR ANIMALS?:		IF YES, TYPE & BREED?:					
PROPOSED OCCUPANTS:		ANYONE OVER 18 COMPLETE SEPARATE APPLICATION					
NAME		DOB		RELATIONSHIP		NAME DOB RELATIONSHIP	

In compliance with the Fair Credit Reporting Act, State & Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated. I certify that to the best of my knowledge, all statements are True & Complete. I further authorize the above Landlord and *SCAOA/LANS to obtain credit reports, court records, character reports, employment and rental history as needed to verify all information put forth in this application. Application fee is non-refundable.

DATE: _____

APPLICANT SIGNATURE

Please provide landlord with proof of income and valid photo ID.

Thank you for your application.

Rev 04/01/13

***SCAOA/LANS and Reporting Agencies make no decision or suggestion on the acceptance/denial of applicant(s).**