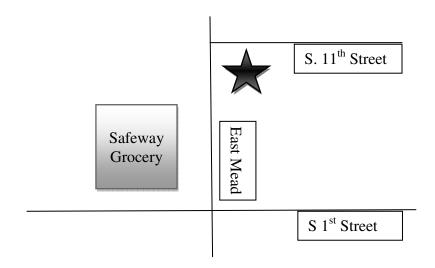
When the Rental Application is turned in we require:

- **❖** \$ 30.00 per adult applicant (only one for husband/wife) − payment in cash, cashier's check, or money order
- **❖** A copy of a current utility bill to prove prior residency
- **❖** Copy of driver's license of each person signing the application we need to visually confirm the person is who they say they are.
- **❖** If you have no prior rental history we will require a qualified cosigner.



Office Address: 1806 S. 11th Street, Yakima WA

Phone: 509-453-9983 ext 2 **Fax:** 509-249-8560 **Website:** www.wilsonrm.com

Application to Rent

Kentai Address			Monthly R	ent \$	Security I	Deposit \$_	
Applicant's Full Name_					Birthdate		/
Social Security N							
Home Phone							
Spouse's Full Name							
_	First	Middle	La	ast			
Social Security N							
Home Phone		-	Cell Phone_	- _			
List ALL other person wh							
Current Address					Но	w Long	
	Street	Apt. #	City	State/Z	ip	0	
**APPLICANT IS REQU				H CURRENT	UTILITY BILL.	A COPY O	F THIS BI
WILL BE ATTACHED T		_					
Present Rent \$	Reason	For Leaving					
		_					
					ber		
Former Addresses, at leas		amily		_ Phone Num	berfor Leaving		
Former Addresses, at leas Street	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		
Former Addresses, at leas Street Employment Information	t 2 years, non-fi City/State/Zip	amily		_ Phone Num			
Former Addresses, at leas Street Employment Information: Employer Name	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		
Former Addresses, at leas Street Employment Information Employer Name Employer Address	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		Name/Phone
Former Addresses, at leas Street Employment Information: Employer Name Employer Address Employer Phone	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		
Employer Name Employer Address Employer Phone Starting Date	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		
Employer Name Employer Address Employer Address Employer Phone Starting Date Average Monthly Salary	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		
Employer Name Employer Address Employer Address Employer Phone Starting Date Average Monthly Salary	t 2 years, non-fi City/State/Zip	amily		_ Phone Num	for Leaving		
Employment Information: Employer Name Employer Address Employer Phone Starting Date Average Monthly Salary Position	t 2 years, non-fi City/State/Zip	amily Applicant		Reason	Spouse Spouse		Name/Phone
Employment Information: Employer Name Employer Address Employer Phone Starting Date Average Monthly Salary Position	t 2 years, non-fi City/State/Zip	amily Applicant	Move In/Move Out Date	Reason	Spouse Spouse	Landlord	Name/Phone
Employment Information: Employer Name Employer Address Employer Phone Starting Date Average Monthly Salary Position Bank References	t 2 years, non-ficity/State/Zip c if necessary) S (AT MOVE-	Applicant IN OR ACQUI REQUIRED T	Move In/Move Out Date	Phone Num Reason E-IN) MUST I	Spouse City	Landlord	Name/Phone

Vehicle Information (In	Vehicle #1	Vehicle #2	Vehicle #3
Vehicle Make & Model	veinere #1	venicie ii 2	venicle ne
Year of Vehicle			
Color of Vehicle			
License Plate Number			
Next of Kin to notify in	case of emergency:		
Name			Relationship to you
Address			Phone
		on may be grounds for denial of this as s License number may be required when	
Have you ever been ev			
If so, please explain.			
Have you ever been co If so, please explain.			
Date Property desired Are you prepared to p	l pay 1 st month's rent a	nd the deposit in full now?	
How did you hear of t	this unit? (circle) New	vspaper – Internet – Thrifty Nicke	el – Sign – Friend – Other
ADDITIONALINFO	RMATION:		
I dha an Iarrian a I		C IC	
statement will, at the which this document check, plus anythin	ne option of the own nt shall be a part. I g that may become	ner/agent, be grounds for cance hereby give my permission for apparent as a result of this inter-	as a tenant, a false or willfully omitted rellation of the rental agreement of or a full credit, public record & reference formation. I also authorize and request we given on this application is correct.
Signature			Date
Signature			Date
*******	******	****For Office Use Onlv***	***********
			one of the following documents (<u>must</u>

be a photo I.D.) to verify identity (check one) and attach a photocopy of the document(s) to this application:

_____ State Driver's License
_____ U.S. Passport
____ WA State Identification Card
____ U.S. Military I.D. Card

_____ U.S. Government Identification Card

TENANT SCREENING AUTHORIZATION

mployment a	and credit history in order to assist in the	evaluation of my rental applicatio
lease Initial:		
	Current or Prior Landlord	
	Name:	
	Phone Number:	
	Current Employer(s)	
	Name(s):	
	Phone Number(s):	
	Credit Agency (to be determined by	Wilson Real Estate)
	Name:	
P	rospective Tenant	Date
his authorizat	tion expires after 30 days from the date of sig	gnature.

CO-SIGNER APPLICATION

ADDENDUM TO RESIDENTIAL LEASE AGREEMENT

FULL NAME:	PHONE:		
BIRTHDATE:	SS# (Required):		
DRIVERS LICENSE (Optional):		STATE ISSUED:	
CURRENT ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CURRENT EMPLOYER:			
EMPLOYER ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE #:	SUPERVISOR:		
POSITION:	ANNUAL INCOME:		
FULL OR PART TIME?:			
BY SIGNING THIS APPLICATION, TO ORDER CREDIT REPORTS AND AND PRESENT LANDLORD AND/C STATEMENTS MADE ON THIS APIINFORMATION BE FALSIFIED, I UMY APPLICATION.	O VERIFY OTHER CREDIT IN OR MORTGAGE REFERENCI PLICATION ARE TRUE, ANI	NFORMATION, INCLUDING PAST ES. I WARRANT THAT ALL D SHOULD ANY OF THE ABOVE	
I UNDERSTAND THAT THIS APPLI COMMITMENTS ON THE PART OF			
CO-SIGNER SIGNATURE:		DATE:	

Wilson Real Estate, LLC 1806 S. 11th Street, Yakima, WA 98903