MANA	GERS – Vi	isual Proof of	Drivers Li	cense or	State I.D.:	:		☐ Yes ☐ No	o I.D. 0	Checked	by:	
Each ac	dult over the	age of 18 must	complete a	separate a	pplication.							
		M	gmt Company	<i>F</i>	Apt Community		С	ommunity Contact	Comr	nunity Tel #	Advertising Source	
CLIENT	·#:											
☐ CR	IMINAL	☐ CREDIT	☐ CR	EDIT/CR	IMINAL [CRE	DIT/CRIMINA	L/EVICTION	ON 🗌	COMPREHENSIVE	
APPLI	CATION	TO RENT	partment #_		Move-i	in Da	te	R	ent \$		Lease	
☐ Appl	icant	☐ Roo	mmate w/					Cosigner	☐ Section	on 8		
				APPL	LICANT IN							
(LEGAL)	Last Name	First	Middle			So	c. Sec.	#		Da	te of Birth	
Other Nan	nes Used	Drivers	License #/State)	Email Addre	SS				Contact F	Phone Number	
Other Per		1 Full Name	Relationsl	nip DOB			3	Full Name	Relationship	DOB		
		2 Full Name	Relationsl	nip DOB	<u> </u>		4	Full Name	Relationship	DOB		
	ccupy unit:	1 Name	Туре	Weight			2	Name	Туре	Weight		
if needed	parate sheet			DE	SIDENCI	- W	ISTO	NDV				
Present A	ddress	City	State Zi _l		SIDENCI	1		To			Monthly Pmt	
Landlord N	Name	tgage Co	ent Community	√	e/Friend 🗌 En					ord	\$ Own	
			Land	dlord Daytime				Landlord Evening			Rent	
Previous A	Address	City	State Z	ip		Fro	om	To			Monthly Pmt	
Landlord N	Name	tgage Co	-			nploy	er/Corp	_		ord	Own Rent	
			Land	dlord Daytime EMI	PLOYMEN	NT I	HIST	Landlord Evening	<u> Phone:</u>			
Current E	mployer			M	onthly Salary		Super	visor's Name		How long		
Address		Cit	у	State	Zip		Phone)			Yrs Mos on/Department	
☐ Previou	us Employer	☐ 2 nd job		M	onthly Salary		Super	visor's Name		How long	?	
Address City				\$ State Zip			Phone			Yrs Mos Occupation/Department		
		- Additional income su	ıch as child sup	port, alimony	or separate m	ainter	nance n	eed not be disclos	ed unless such	n additional ir	ncome is to be included for	
qualification	on hereunder	Amount \$	per		Sources							
Auto #1	Year	Make		VEF Model	HICLE INF	-OR		ense State	License N	umber		
Auto #2	Auto #2 Year Make			Model			License State License		License N	lumbor		
Auto #2 Teal Wake				Wodel				License State License Num			indei	
Nearest R	elative		Relationship		Address	NF	ORM	City	State	Zip	Phone	
Nearest IV	elative		Relationship	,	Address			Oity	Otate	ΖΙΡ	()	
Emergeno	cy Contact		Relationship)	Address			City	State	Zip	Phone	
Personal F	Reference		Relationship)	Address			City	State	Zip	Phone	
		E WHO WILL BE RES			BEEN CONVIC	TED	OF A C	CRIMINAL OFFENS	SE?		☐ Yes ☐ No	
IF YES, pl	lease list the da	ate, city, state and typ	e of all conviction	ons:	Att	tach s	eparate	e sheet if necessar	у.			
ARE YOU	OR ANYONE	WHO WILL BE RESI	DING IN THE U	INIT REQUIR	RED TO REGIS	TER	AS A S	EX OFFENDER?			☐ Yes ☐ No	
HAVE YO IF YES:	U EVER BEEN APT NA	ASKED TO VACATE	BY A CURRE	NT/PREVIOL	JS LANDLORD	?		_ STATE			☐ Yes ☐ No	
	nce with state	and federal consume	reporting law,	you are here	by advised that	a scr	eening	will be conducted	regarding the i		ontained in this application. The	
authorize obtained t	Moco, Inc., who landlord and	ose address is PO B landlord's agents. If t	ox 2826, Seattl he application i	e, WA 9811 s denied or a	1, and whose tapproved condit	eleph ionall	one nu y based	mber is (800) 814- d upon information	8213, to cond contained in the	uct the screene report, you	ening and to release information may request and obtain a co	
·		he right to dispute the	•					•	· ·		federal law. denial of tenancy or subseque	
eviction.		, ,						· ·	•	-	defination ternation of subseque	
		efundable Proces	_				-					
Unit	for app	at he/she acquires no plicant while the scree occupy the unit being	ning process is	completed.	If this application	on is	not acc	epted, the holding	deposit will be	een paid. Ap refunded. If	plicant requests landlord to ho f the application is accepted ar	
Signed								Dated			n aware that an incomplete plication causes a delay in	
•	Applica	ant								pro	ocessing and may result in nial of tenancy.	
Signed	Landlor	rd			Position	on		Dated			₽	