MANAGERS – Visual Proof of Drivers License or State I.D.: ☐ Yes ☐ No **I.D. Checked by:**_____

CLIENT #: 51-13531

Management Company	Apartment Community	Community Contact	Community Telephone #
LORIG MANAGEMENT SERVICES, LLC	**NORDHEIM COURT**		**206-934-1200**

☐ **CRIMINAL ONLY** ☐ **COMPREHENSIVE**

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

APPLICATION TO RENT

Apartment #_____ Rent $_____ Lease_____

Preferred Move In Date:	Contact ph#:	Contact Email:	Student ID #:

☐ Applicant ☐ Roommate W/_____ Guarantor Name:_____

APPLICANT INFORMATION

(LEGAL) Last Name First Middle	Soc. Sec. #	Date of Birth	Drivers License #/State

Other Names Used	Other Roommates to Occupy Unit:	1	Full Name Relationship	3	Full Name Relationship
		2	Full Name Relationship	4	Full Name Relationship

RESIDENCE HISTORY

Present Address City State Zip	From_____ To_____	Monthly Pmt $
Landlord Name ☐ Residence Hall (Dorm) ☐ Relative/Friend ☐ Apartment Community ☐ Independent Landlord Landlord Daytime Phone: Landlord Evening Phone:		☐ Rent ☐ Own
Previous Address City State Zip	From_____ To_____	Monthly Pmt $
Landlord Name ☐ Residence Hall (Dorm) ☐ Relative/Friend ☐ Apartment Community ☐ Independent Landlord Landlord Daytime Phone: Landlord Evening Phone:		☐ Rent ☐ Own

EMPLOYMENT HISTORY

Current Employer	Monthly Salary $	Supervisor's Name	How long? Yrs Mos
Address City State Zip		Phone	Occupation/Department

ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder.

Amount $_____ per _____ Sources _____

AUTO & BANKING INFORMATION

Auto Loan #1 (Make/Model)	License Plate	State	Lien Holder	Monthly Pmt

Bank or Savings & Loan	Branch	Address	Account Number
Bank or Savings & Loan	Branch	Address	Account Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address City State Zip	Phone ( )
2nd Nearest Relative	Relationship	Address City State Zip	Phone ( )
Emergency Contact	Relationship	Address City State Zip	Phone ( )
2nd Emergency Contact	Relationship	Address City State Zip	Phone ( )

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ☐ Yes ☐ No

IF YES, please list Offense(s):_____

Please list all offenses. **Include city and state** where the offense(s) were committed. Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER? ☐ Yes ☐ No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? ☐ Yes ☐ No

IF YES: APT NAME:_____ CITY_____ STATE_____

In compliance with fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, to obtain credit reports, rental and employment verifications, bank information and character information as necessary. Moco, Inc. is authorized to release any information obtained during the screening process to landlord and landlord's agents. Applicant has the right to dispute the accuracy of information obtained during the screening process. If the application is denied because of credit, applicant may obtain a copy of the credit report from the credit reporting agency.

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 $300 has been paid. Applicant requests landlord to hold Unit ____ for applicant while the screening process is completed. If the applicant chooses not to occupy the unit being held, the applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed_____ Dated_____
Applicant

Signed_____ _____ Dated_____
Landlord Position

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

EQUAL HOUSING OPPORTUNITY