Olca IIIIO	360-588-	360-588-1
	Phone:	Fax.
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Check One: Investigative Reports:	Co-Signer Mini	_ Super-Mini	Orca	Killer Whale _	_X	s 41	Non-Refundable Investigative Fee

RESIDENTIAL RENTAL APPLICATION /	EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property:		
Applicant's Complete Name:		
SSN#DL#/Sta		
Tel#Email Address		
Other Occupant's Name, Age & Relationship:		
If any of the above noted occupants are currently married or separa		e note yes or no: Y N
√ Complete Every Item on Application. Incomplete and/or Inacc		
CURRENT ADDRESS (Required Entry) PRIOR ADDRESS (Required Entry)		
Street	Street	
CityStateZip	CityState_	Zip
Apt #Name of Apts	Apt #Name of Apts	
How Long(Mo/Da/Yr)FromTo	How Long (Mo/Da/Yr) From	
Pymts / Rent Pd ToAmtAmt	Pymts / Rent Pd To Landlord/Mgmt. Co	
Landlord/Mgmt CoAddress	Address	
Tel#Rent/Own/Lease	Tel#	Rent/Own/Lease
Email:	Email:	
√ Current Employer	Tel#	Supervisor
Dept / Attached toOccupation		
Hire DateMonthly Salary		
Address Suite		
•		
√ Prior Employer		
Dept / Attached toOccupation		
Hire DateMonthly Salary		
Address Suite	; City	State/Zip
√ Additional Income (Interest Child Support Etc)		
 ✓ Additional Income (Interest, Child Support, Etc) ✓ Bank		111
	BranchTe	
 ✓ Disability status and require special accommodations? ✓ Are you a fulltime student? Yes No 		
HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:		
Ever been evicted or refused to pay rent? Yes No	Ever been Charged or Convicted of a	Crime? Yes No
If yes to any of the above, give details: What is the nature of the		
When?		
Ever used any other name(s)? Yes No If yes, list na	me(s)	
What other states have you lived in?		
Are you or any other household member a Registered or Unregis		No
Ever had bedbugs or any other infestation? Yes No		The second section of the section of the second section of the section of the second section of the sect
Do you or any other household member smoke? Yes No _		
Have you or any other household member filed bankruptcy? Yes		
Auto/Year/Make/Lic#: 1.)		
Emergency ContactAddress		

Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 1/2017

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., PO Box 277, Anacortes, Washington 98221, 360-588-1633. I certify that to the best of my knowledge all statements are "true and complete". I further authorize ORCA Information, Inc. to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES (including verifying salary), COURT, CRIMINAL & JUVENILE RECORDS, and CHARACTER REFERENCES, MODE OF LIVING, and RENTAL REFERENCES as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application.

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

I also understand Orca Information's role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

Applicant's Name (please print)	Please Charge \$ 41 for this There is an additional \$3.00 proceedit card. VISA MASTERCA	essing fee when paying with
Applicant's Signature	Card #	
	Expiration Date:	CVV Code:
Date of Authorization	Print Name on Card	
Manager's/Assistant Manager's Signature	Signature of Cardholder	
	Card's Billing Address	
	City State	Zip Code