



CITY OF SEATTLE ONLY

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Ph #:(206) 760-4286

SEED/Art Studios

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722

Address of Rental Property: _____ Unit # _____ Rent Amount _____
Applicant's Complete Name: _____ Date of Birth: _____
SSN# _____ DL#/State issued: _____
Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____
If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ___Y___N

√ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)
Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____
Address _____
Tel# _____ Rent/Own/Lease _____
Email: _____

PRIOR ADDRESS (Required Entry)
Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co _____
Address _____
Tel# _____ Rent/Own/Lease _____
Email: _____

√ **Current Employer** _____ Tel# _____ Supervisor _____
Dept / Attached to _____ Occupation _____ Rank _____
Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____
Address _____ Suite _____ City _____ State/Zip _____
√ **Second Employer** _____ Tel# _____
Dept / Attached to _____ Occupation _____ Rank _____
Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____
Address _____ Suite _____ City _____ State/Zip _____
√ Additional Income (Interest, Child Support, Etc) _____
√ Bank _____ Acct# _____ Branch _____ Tel# _____
√ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____
√ 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 _____
When? _____
Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____
What other states have you lived in? _____
Ever had bedbugs or any other infestation? Yes _____ No _____ If yes, what type of infestation: _____
Do you or any other household member smoke? Yes _____ No _____
Have you or any other household member filed bankruptcy? Yes _____ No _____ If yes, when: _____
Auto/Year/Make/Lic#: 1.) _____ 2.) _____
Local Contact _____ Address _____ Tel# _____
Nearest Relative _____ Address _____ Tel# _____
Emergency Contact _____ Address _____ Tel# _____



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 2/2018

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), Civil Court 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.

Under Seattle's Fair Chance Housing Ordinance SMC 14.09—The landlord is prohibited from requiring disclosure, asking about, rejecting an applicant or taking an adverse action based on any arrest record, conviction record or criminal history, except for registry information as described in subsections 14.09.025.A3, 14.09.025.A4, 14.09.025.A5 and subject to the exclusions and legal requirements in section 14.09.115.

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** (per WA State Fair Tenant Screening Act, 2012) 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)

Applicant's Signature

Date of Authorization

Manager's/Assistant Manager's Signature

Please Charge \$ _____ for this report to my (circle one). There is an additional \$3.00 processing fee when paying with credit card. VISA MASTERCARD DISCOVER AMEX		
Card # _____		
Expiration Date: _____		CVV Code: _____
_____ Print Name on Card		
_____ Signature of Cardholder		
_____ Card's Billing Address		
City _____	State _____	Zip Code _____