



MacPherson's Property Management Inc. Phone #: (253) 288-0603 Fax #: (253) 288-0605 Auburn Office

Orca Information, Inc. Phone: 360-588-1633/800-341-0022 Fax: 360-588-1189/800-522-6722/866-268-0188



Monthly Rent Amount: \$ _____	First Months Rent : \$ _____	
Min. # of Months Required: _____	Last Months Rent : \$ _____	
Owner Paid Utilities: _____	Sec/Dam/Cleaning Deposit: \$ _____	
Possession Date Requested: _____	Non-Refundable Fee: \$ _____	*Cashier's Check, Money
Property Address: _____	Pet Deposit: \$ _____	Order or Cash Required
_____	Pet Fee: \$ _____	for Move-In Funds.
Listing Agent: _____	Application Fee: \$ _____	
Leasing Agent: _____	Total Due Prior to Move-In: \$ _____	

Applicant's Complete Name: _____ Date of Birth: _____
First Middle Last
 SSN# _____ DL#/State issued: _____

Home #: _____ Cell #: _____ Work #: _____ Email Address: _____

How many people will occupy this unit: _____

Other Occupant(s) Name(s), Age(s) & Relationship(s): _____

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 _____

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 _____

Current Employer _____ Tel# _____ Supervisor _____
 Dept / Attached to _____ Occupation _____ Rank _____
 Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____
 Address _____ Suite _____ City _____ State/Zip _____
 If Self-Employed, legal name of business and or license No. _____
Prior Employer _____ Tel# _____
 From (Mo/Yr) _____ To (Mo/Yr) _____ Monthly Salary _____ Reason for Leaving _____

- ◆ Additional Income: _____
- ◆ Bank _____ Acct# _____ Branch _____ Tel# _____
- ◆ Pets? Yes ___ No ___ If yes, number, size, and breed(s) _____
- ◆ Do you have tenant insurance coverage? Yes ___ No ___

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted, refused to pay rent? Yes ___ No ___ Ever received any late rent notices? Yes ___ No ___
 Ever filed for Bankruptcy? 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 offense? What County(ies) and State(s)? _____

 When? _____
 Ever used any other name(s)? Yes ___ No ___ If yes, list name(s) _____
 Are you or any other household member a Registered or Unregistered Sex Offender? Yes ___ No ___
 Are you or any other household member currently using any illegal drugs? Yes ___ No ___
 Do you or any other household member smoke? Yes ___ No ___
 Auto/Year/Make/Lic#: 1.) _____ 2.) _____
 Nearest Relative _____ Address _____ Tel# _____
 Emergency Contact _____ Address _____ Tel# _____



CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

ADDRESS INFORMATION				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone ()	Fax ()			
Night Phone ()	Email:			

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT**, as necessary for application of tenancy.

Signature of Applicant

Date