



# RENTAL APPLICATION to be completed by each ADULT APPLICANT

Verified Driver's License or State I.D.

Yes  No

Co-signer  W/ Current Tenant

Application Received:

|   |        |                |  |   |
|---|--------|----------------|--|---|
| MANAGEMENT COMPANY<br><b>Cambridge Townhomes, LLC</b> |        | COMMUNITY NAME |  | PROPERTY TELEPHONE<br><b>360-695-4441</b> |
| MOVE-IN DATE  | UNIT # | MONTHLY RENT   | LEASE TYPE DESIRED<br><b>6 Month Lease</b> | PROPERTY CONTACT<br><b>Jennifer</b>       |

## APPLICANT INFORMATION

|           |       |        |               |                   |                 |
|-----------|-------|--------|---------------|-------------------|-----------------|
| LAST NAME | FIRST | MIDDLE | Date Of Birth | SOCIAL SECURITY # | DRIVER'S LIC. # |
|-----------|-------|--------|---------------|-------------------|-----------------|

Email address:

YOUR TELEPHONE NUMBER

## CURRENT RESIDENCE

|                |       |      |       |     |
|----------------|-------|------|-------|-----|
| STREET ADDRESS | APT # | CITY | STATE | ZIP |
|----------------|-------|------|-------|-----|

|  |   |                                 |                 |
|--|---|---------------------------------|-----------------|
| HAVE YOU GIVEN LEGAL NOTICE TO VACATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | RENT <input type="checkbox"/><br>OWN <input type="checkbox"/> | MOVE-IN DATE:<br>MOVE-OUT DATE: | MONTHLY RENT \$ |
|--|---|---------------------------------|-----------------|

|                       |      |       |     |                       |                     |
|-----------------------|------|-------|-----|-----------------------|---------------------|
| LANDLORD/MTG. COMPANY | CITY | STATE | ZIP | LANDLORD PHONE NUMBER | LANDLORD FAX NUMBER |
|-----------------------|------|-------|-----|-----------------------|---------------------|

|                      |                     |
|----------------------|---------------------|
| REASON FOR VACATING: | LIST ALL ROOMMATES: |
|----------------------|---------------------|

## PREVIOUS RESIDENCE

|                |       |      |       |     |
|----------------|-------|------|-------|-----|
| STREET ADDRESS | APT # | CITY | STATE | ZIP |
|----------------|-------|------|-------|-----|

|  |   |                                 |                 |           |
|--|---|---------------------------------|-----------------|-----------|
| DID YOU GIVE LEGAL NOTICE TO VACATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | RENT <input type="checkbox"/><br>OWN <input type="checkbox"/> | MOVE-IN DATE:<br>MOVE-OUT DATE: | MONTHLY RENT \$ | TELEPHONE |
|--|---|---------------------------------|-----------------|-----------|

|                       |      |       |     |                       |                     |
|-----------------------|------|-------|-----|-----------------------|---------------------|
| LANDLORD/MTG. COMPANY | CITY | STATE | ZIP | LANDLORD PHONE NUMBER | LANDLORD FAX NUMBER |
|-----------------------|------|-------|-----|-----------------------|---------------------|

|                      |                     |
|----------------------|---------------------|
| REASON FOR VACATING: | LIST ALL ROOMMATES: |
|----------------------|---------------------|

## EMPLOYMENT / INCOME

|                  |          |         |           |                |            |
|------------------|----------|---------|-----------|----------------|------------|
| CURRENT EMPLOYER | POSITION | ADDRESS | TELEPHONE | SALARY / MONTH | HIRE DATE: |
|------------------|----------|---------|-----------|----------------|------------|

|                   |          |         |           |                |              |
|-------------------|----------|---------|-----------|----------------|--------------|
| PREVIOUS EMPLOYER | POSITION | ADDRESS | TELEPHONE | SALARY / MONTH | FROM:<br>TO: |
|-------------------|----------|---------|-----------|----------------|--------------|

|   |         |           |
|---|---------|-----------|
| ADDITIONAL SOURCES OF MONTHLY INCOME (List all income to be included for qualification): \$ / Month | SOURCE: | TELEPHONE |
|---|---------|-----------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

## EMERGENCY CONTACT NOT LIVING WITH YOU

|      |              |         |           |
|------|--------------|---------|-----------|
| NAME | RELATIONSHIP | ADDRESS | TELEPHONE |
|------|--------------|---------|-----------|

# ADDITIONAL INFORMATION

| LIST ALL VEHICLES TO BE PARKED ON SITE |       |      |       |          |       | OTHER OCCUPANTS |        |
|--|-------|------|-------|----------|-------|-----------------|--------|
| MAKE                                   | MODEL | YEAR | COLOR | LICENSE# | STATE | OCCUPANT NAME   | D.O.B. |
|  |       |      |       |          |       |                 |        |
|  |       |      |       |          |       |                 |        |
|  |       |      |       |          |       |                 |        |

|  |  |
|--|--|
| WILL YOU BE MOVING IN ANY OF THE FOLLOWING ITEMS?<br>WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTRUMENT <input type="checkbox"/> | DO YOU HAVE A PET?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DO YOU HAVE RENTERS INSURANCE?    YES <input type="checkbox"/> NO <input type="checkbox"/><br>Carrier: _____ Policy #: _____   |  |

IF YES, PROVIDE DATE(S) AND LOCATION(S):

**HAVE YOU EVER BEEN EVICTED?**    YES     NO

**HAVE YOU OR ANY PERSON WHO WILL OCCUPY THE UNIT EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST OR HAVE CURRENT PENDING CHARGES TO ANY FELONY OR MISDEMEANOR?**

YES     NO     DESCRIBE OFFENSE: \_\_\_\_\_    DATE OF OFFENSE: \_\_\_\_\_

**ARE YOU OR ANY PERSON WHO WILL OCCUPY THE UNIT A REGISTERED SEX OFFENDER?**

YES     NO     IF YES, DATE AND LOCATION OF REGISTRATION: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF THE RENTAL AGREEMENT**

| RENT   | DEPOSITS  | FEES   |
|--|---|--|
| THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS. | SECURITY DEPOSIT MINIMUM \$ 600.00  | LATE RENT PAYMENT FEE \$75.00                                  |
| UNIT RENT \$   | SECURITY DEPOSIT MAXIMUM \$ 900.00<br>(DEPENDS ON SCREENING RESULTS AND UNIT) | LEASE BREAK FEE \$1.5 TIMES RENT<br>(NOT TO EXCEED 1.5 X RENT) |
|  |   | NSF CHECK FEE OF: \$35. + BANK FEES                            |
|  | OTHER \$  | SMOKE ALARM / CARBON MONOXIDE ALARM TAMPERING FEE \$250.00     |
|  | OTHER \$  | LOST KEY, ACCESS CARD FEE \$35.00                              |
|  | OTHER \$  | NON-COMPLIANCE FEE* \$50.00                                    |
|  | OTHER \$  | UNAUTHORIZED PET \$250.00                                      |
|  |   | UNAUTHORIZED SMOKING \$250.00                                  |
|  |   | <b>* NOT TO EXCEED \$50 PER NON-COMPLIANCE</b>                 |
| APPLICANT'S INITIALS   | <b>APPLICANT SCREENING CHARGE \$45.00/person</b>                              |  |

**GOOD FAITH ESTIMATE**  
 Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: \_\_\_\_\_ unit(s). Approximate number of applications previously accepted and currently under consideration for those units: \_\_\_\_\_ application(s).  
 If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.  
 I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening charge as set forth above. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. Applicant's copy of this signed application and / or email verification shall be the receipt for the screening charge. The screening service is Appfolio, Inc 50 Castillian Drive Santa Barbara, CA 93117 866.648.1536.

If the applicant is approved, applicants will have **24 hours** from the time of notification to either execute a rental agreement and make all deposits required hereunder or make a deposit to execute a rental agreement (WA: deposit for occupancy) which will provide for the forfeiture of the deposit if applicants fail to execute the rental agreement. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. Owner / Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete. ( WA Applicants: In the event of a denial or other adverse action, you have a right to obtain a free copy of the consumer report from the screening company or credit report agency)

|              |                               |
|--------------|-------------------------------|
| Signed _____ | (Applicant) Dated _____       |
| Signed _____ | (Agent for Owner) Dated _____ |