



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 Cambridge Townhomes, LLC		COMMUNITY NAME		PROPERTY TELEPHONE 360-695-4441
MOVE-IN DATE	UNIT #	MONTHLY RENT	LEASE TYPE DESIRED 6 Month Lease	PROPERTY CONTACT Jennifer

APPLICANT INFORMATION

LAST NAME	FIRST	MIDDLE	Date Of Birth	SOCIAL SECURITY #	DRIVER'S LIC. #
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Email address:

YOUR TELEPHONE NUMBER

CURRENT RESIDENCE

STREET ADDRESS	APT #	CITY	STATE	ZIP
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HAVE YOU GIVEN LEGAL NOTICE TO VACATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT \$
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LANDLORD/MTG. COMPANY	CITY	STATE	ZIP	LANDLORD PHONE NUMBER	LANDLORD FAX NUMBER
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REASON FOR VACATING:	LIST ALL ROOMMATES:
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PREVIOUS RESIDENCE

STREET ADDRESS	APT #	CITY	STATE	ZIP
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DID YOU GIVE LEGAL NOTICE TO VACATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT \$	TELEPHONE
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LANDLORD/MTG. COMPANY	CITY	STATE	ZIP	LANDLORD PHONE NUMBER	LANDLORD FAX NUMBER
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REASON FOR VACATING:	LIST ALL ROOMMATES:
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EMPLOYMENT / INCOME

CURRENT EMPLOYER	POSITION	ADDRESS	TELEPHONE	SALARY / MONTH	HIRE DATE:
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PREVIOUS EMPLOYER	POSITION	ADDRESS	TELEPHONE	SALARY / MONTH	FROM: TO:
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ADDITIONAL SOURCES OF MONTHLY INCOME (List all income to be included for qualification): \$ / Month	SOURCE:	TELEPHONE
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EMERGENCY CONTACT NOT LIVING WITH YOU

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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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? WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTRUMENT <input type="checkbox"/>	DO YOU HAVE A PET? YES <input type="checkbox"/> NO <input type="checkbox"/> DO YOU HAVE RENTERS INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> Carrier: _____ Policy #: _____
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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. UNIT RENT \$ _____	SECURITY DEPOSIT MINIMUM \$ 600.00	LATE RENT PAYMENT FEE \$75.00
	SECURITY DEPOSIT MAXIMUM \$ 900.00 (DEPENDS ON SCREENING RESULTS AND UNIT)	LEASE BREAK FEE \$1.5 TIMES RENT (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
		* NOT TO EXCEED \$50 PER NON-COMPLIANCE
APPLICANT'S INITIALS	APPLICANT SCREENING CHARGE \$45.00/person	

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 _____