Check One: Investigative Reports: Co-Signer_____ Mini _____ Super-Mini _____ Orca _____ Killer Whale _____

$_____ **Non-Refundable Investigative Fee**

Sea Mar Wapato Gardens
Ph #: (509) 877-6300
Fx #: (509) 877-6311
Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722

RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

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_____

√ **Prior 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? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever had wages garnished? Yes _____ No _____ If Yes, when was last time garnished and what did you owe causing garnish? (Give debt details): _____

Ever been taken to court for owing money? Yes _____ No _____

If Yes, to whom did you owe money? (Provide details: Name of company, amount owed, location of courthouse): _____

_____

Ever had a judgment filed against you for money owed? (Give details): _____

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 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 _____

What other states have you live d 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.)_____

Emergency Contact_____Address_____Tel#_____

EQUAL HOUSING OPPORTUNITY

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2020

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., 120 E. George Hopper Rd, Suite 108, Burlington, Washington 98233, Ph: 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 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** (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.

You have the right to obtain a free copy of the consumer report in the event of a denial or other adverse action, and to dispute the accuracy of information appearing in the consumer report. The consumer reporting agency:
Orca Information, Inc.
120 E. George Hopper Road, Suite 108
Burlington, WA 98233
Phone 800-341-0022 Fax 800-522-6722

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

© ORCA Information, Inc. 2020 all rights reserved

Credit Card Authorization Form
For **Orca Information, Inc.**

I personally or on behalf of another, am paying for a Tenant Screening Report. **I understand and agree that Orca Information, Inc will be processing the Tenant Screening Report on behalf of a landlord, property management company or apartment rental.** I understand the name listed on my credit card monthly statement will be **ORCA INFORMATION**. I understand and agree to pay for this One Time Charge by **ORCA INFORMATION, INC**. for processing a Tenant Screening Report.

I certify I am an authorized user of this credit card.

I promise to not dispute this payment with the credit card company as long as the transaction corresponds to the terms indicated in this form. I agree to pay the total amount according to the card issuer agreement and amount due upon signing.

Card Holder's Name: _____

Card Holder's Signature: _____

Date: _____

Card Holder's Phone Number: _____

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