

# RENTAL APPLICATION

UNIT #: \_\_\_\_\_

## WILLIAMS INVESTMENTS

RENT \$ \_\_\_\_\_

Phone #: (425) 355-0353 Fax (425) 290-1823 Date Requested \_\_\_\_\_

Use separate application for each applicant other than spouse.

**APPLICANT INFORMATION: Drivers License or photo ID must be provided: incomplete or false information may result in denial.**

Last Name	First Name	Middle Name	Social Security #
Drivers License #	Issue Date & State	Expiration Date	Date of Birth
Address Shown on Drivers License	City	State	Zip Code

**APPLICANT RESIDENCE HISTORY (At Least 2 Years):**

**Circle One: Did you** Own Rent Live with Parents School Dormitory Other (Specify): \_\_\_\_\_

Present Address	Apt #	City	State	Zip Code
Phone # (Yours) ( )	Monthly Pmt \$	How Long at Current Address From To	Reason for Moving	
Current Apt./Mortgage or Landlord Name	City	State	Phone # ( )	
Previous Address	Apt #	City	State	Zip Code

**Circle One: Did you** Own Rent Live with Parents School Dormitory Other (Specify): \_\_\_\_\_

Monthly Pmt. \$	How Long at Previous Address From To	Reason for Moving		
Previous Apt./Mortgage or Landlord Name	City/State	Phone # ( )		

**APPLICANT EMPLOYMENT: Pay Stubs, tax Returns or letters of Hire/Transfer may be required.**

**Circle One:** Full time Part Time Temporary Self-Employed

Current Employer	Address	City	State	Zip Code
Position	Supervisors Name	Monthly Salary \$	Employment Dates From To	Phone # ( )

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**CO-APPLICANT INFORMATION: Drivers License or photo ID must be provided: incomplete or false information may result in denial.**

Last Name	First Name	Middle Name	Social Security #
Drivers License #	Issue Date & State	Expiration Date	Date of Birth
Address Shown on Drivers License	City	State	Zip Code

**CO-APPLICANT RESIDENCE HISTORY (At Least 2 Years):**

**Circle One: Did you** Own Rent Live with Parents School Dormitory Other (Specify): \_\_\_\_\_

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Phone # (Yours) ( )	Monthly Pmt \$	How Long at Current Address From To	Reason for Moving	
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**LIST ALL OTHER PROPOSED OCCUPANTS**

Name	Age	Relationship	Name	Age	Relationship
Car Make	Year	Model	License #		
Car Make	Year	Model	License #		
Emergency Contact	Relationship	Full Address	Phone # ( )		
Name of Nearest Relative (applicant)	Relationship	Full Address	Phone # ( )		
Name of Nearest Relative (Spouse)	Relationship	Full Address	Phone # ( )		
Additional Income \$	Circle One: Spouse Applicant	Source/Name of Company:	Phone # ( )		
Will you have pets? YES NO	List All	Will you have a waterbed? YES NO	Do you smoke? YES NO		

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_ Have you ever willfully and intentionally refused to pay rent when due? \_\_\_\_\_ Are you a current illegal abuser or addict of a controlled substance? \_\_\_\_\_ Have you ever been convicted of the illegal manufacturing of a controlled substance? \_\_\_\_\_ If yes to any of the above please indicate which party and date of occurrence.

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THIS IS TO INFORM YOU THAT A CREDIT INVESTIGATION INVOLVING THE STATEMENT MADE ON THIS APPLICATION FOR TENANCY OF THIS ADDRESS IS BEING INITIATED. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL STATEMENTS ARE "TRUE & COMPLETE." I FURTHER AUTHORIZE WILLIAMS INVESTMENT COMPANY TO OBTAIN CREDIT REPORTS, CHARACTER REPORTS, CRIMINAL BACKGROUND, AND RENTAL HISTORY AS NEEDED TO VERIFY ALL INFORMATION PUT FORTH IN THIS APPLICATION

APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_