

# Rental Application for Residents and Occupants

*Each co-applicant and each occupant 18 years old and over must submit a separate application.  
Spouses may submit a single application.*



Date when filled out: December 6, 2007

<p><b>ABOUT YOU</b> Full name (exactly as on driver's license or govt. ID card) _____</p> <p>Your street address (as shown on your driver's license or government ID card): _____</p> <p>Driver's license # and state: _____ OR govt. photo ID card #: _____</p> <p>Former last names (maiden and married): _____</p> <p>Your Social Security #: _____</p> <p>Birthdate: _____ Height: _____ Weight: _____</p> <p>Sex: _____ Eye color: _____ Hair color: _____</p> <p>Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> separated</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or any occupant smoke? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Will you or any occupant have an animal? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Kind, weight, breed, age: _____</p>	<p><b>YOUR RENTAL/CRIMINAL HISTORY</b> Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> moved out of a dwelling before the end of the lease term without the owner's consent? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? <input type="checkbox"/> been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. _____</p>
<p>Current home address (where you now live): _____</p> <p>City/State/Zip: _____</p> <p>Home/cell phone: (____) _____ Current rent: \$ _____</p> <p>Email address: _____</p> <p>Name of apartment where you now live: _____</p> <p>Current owner or manager's name: _____</p> <p>Their phone: _____ Date moved in: _____</p> <p>Why are you leaving your current residence? _____</p>	<p><b>YOUR SPOUSE</b> Full name: _____</p> <p>Former last names (maiden and married): _____</p> <p>Spouse's Social Security #: _____</p> <p>Driver's license # and state: _____ OR govt. photo ID card #: _____</p> <p>Birthdate: _____ Height: _____ Weight: _____</p> <p>Sex: _____ Eye color: _____ Hair color: _____</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Present employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: (____) _____</p> <p>Position: _____</p> <p>Date began job: _____ Gross monthly income is over: \$ _____</p> <p>Supervisor's name and phone: _____</p>
<p>Your previous home address: _____</p> <p>City/State/Zip: _____</p> <p>Apartment name: _____</p> <p>Name of above owner or manager: _____</p> <p>Their phone: _____ Previous monthly rent: \$ _____</p> <p>Date you moved in: _____ Date you moved out: _____</p>	<p><b>OTHER OCCUPANTS</b> Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.</p> <p>Name: _____ Relationship: _____</p> <p>Sex: _____ DL or govt. ID card # and state: _____</p> <p>Birthdate: _____ Social Security #: _____</p> <p>Name: _____ Relationship: _____</p> <p>Sex: _____ DL or govt. ID card # and state: _____</p> <p>Birthdate: _____ Social Security #: _____</p> <p>Name: _____ Relationship: _____</p> <p>Sex: _____ DL or govt. ID card # and state: _____</p> <p>Birthdate: _____ Social Security #: _____</p>
<p><b>YOUR WORK</b> Present employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: (____) _____</p> <p>Position: _____</p> <p>Your gross monthly income is over: \$ _____</p> <p>Date you began this job: _____</p> <p>Supervisor's name and phone: _____</p>	<p><b>YOUR VEHICLES</b> List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.</p> <p>Make and color of vehicle: _____</p> <p>Year: _____ License #: _____ State: _____</p> <p>Make and color of vehicle: _____</p> <p>Year: _____ License #: _____ State: _____</p> <p>Make and color of vehicle: _____</p> <p>Year: _____ License #: _____ State: _____</p>
<p>Previous employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: (____) _____</p> <p>Position: _____</p> <p>Gross monthly income was over: \$ _____</p> <p>Dates you began and ended this job: _____</p> <p>Previous supervisor's name and phone: _____</p>	<p><b>EMERGENCY</b> Emergency contact person over 18, who will not be living with you:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: (____) _____ Home phone: (____) _____</p> <p>Relationship: _____</p>
<p><b>YOUR CREDIT HISTORY</b> Your bank's name, city, state: _____</p> <p>List major credit cards: _____</p> <p>Other non-work income you want considered. Please explain: _____</p> <p>Past credit problems you want to explain. (Use separate page.)</p>	<p><b>AUTHORIZATION</b> I or we authorize (owner's name) _____</p> <p><b>FSC/Auburn Associates LLC</b></p> <p>to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.</p> <p>Applicant's signature _____</p> <p>Spouse's signature _____</p> <p style="text-align: center;"><i>Applicant must also sign on the next page of this Application.</i></p>
<p><b>WHY YOU APPLIED HERE</b> Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <p>If yes, by whom:</p> <p>Name of locator or rental agency: _____</p> <p>Name of individual locator or agent: _____</p> <p>Name of friend or other person: _____</p> <p>Did you find us on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in information below:</p> <p><input type="checkbox"/> On the Internet <input type="checkbox"/> Stopped by <input type="checkbox"/> Newspaper (name): _____</p> <p><input type="checkbox"/> Rental publication: _____</p> <p><input type="checkbox"/> Other: _____</p>	

**Contemplated Lease Contract Information**

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The Lease Contract to be used must be the latest version published by the National Apartment Association for Washington unless an earlier version is initiated by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

- Names of all residents who will sign Lease Contract
Name of Owner/Lessor FSC/Auburn Associates LLC
Property name and type of dwelling (bedrooms and baths)
Complete street address 32115 105th Pl SE
City/State/Zip Auburn, WA 98092
Names of all other occupants not signing Lease Contract
Total number of residents and occupants
Beginning date and ending date of Lease Contract
Total security deposit \$
Animal deposit \$
Other fees \$
Total monthly rent for dwelling unit \$
Rent to be paid at (check one) on-site manager's office or at

- Prorated rent for: first month or second month \$
Monthly rental due date 1ST
Late charges due if rent is not paid on or before the 3R
Initial late charge \$ 50.00 ; Daily late charge \$ 10.00
Returned-check charge \$ 50.00
Utilities paid by owner (check all that apply): electricity, gas, water, wastewater, trash, cable TV, master TV antenna
You are (check one): required to purchase personal liability insurance or not required to purchase personal liability insurance
Agreed reletting charge \$
Special provisions regarding parking, storage, etc.:

**Application Agreement**

- Lease Contract Information. The Lease Contract contemplated by the parties is attached or, if no Lease Contract is attached, the Lease Contract will be the current Lease Contract noted above.
Application Fee (nonrefundable). You have delivered to our representative an application fee in the amount indicated below.
Application Deposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated below.
Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you.
Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you.
If You Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval.
If You Withdraw Before Approval. You and any co-applicant may not withdraw your application or the application deposit.

- Completed Application. An Application will not be considered "completed" and will not be processed until all of the following have been provided to us.
Nonapproval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application.
Refund after Nonapproval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within 30 days of such disapproval.
Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants.
Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents referred to in the Lease Contract; and (2) all applicable rents and security deposits have been paid in full.
Receipt. Application fee (nonrefundable): \$
Application deposit (may or may not be refundable): \$
Other move-in fees (may or may not be refundable): \$
Total of above application fee and application deposit: \$
Total amount of money we've received to this date: \$
Signature. Our representative's signature is consent only to this Application Agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.

Acknowledgment. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy.

Screening Service. Any tenant screening performed by us or at our request may involve background checks of all potential residents and occupants including: credit, criminal history, employment history, and other information. You have a right to dispute the accuracy of the screening results with the entity who performed the screening.

If you're seriously ill or injured, what doctor may we notify? (We're not responsible for providing medical information to or calling doctors or emergency personnel.)
Doctor's name: Doctor's phone:
Important medical information about you in an emergency:

Applicant's Signature: Date:
Signature of Spouse: Date:
Signature of Owner's Representative: Date:

FOR OFFICE USE ONLY
1. Apt. name or dwelling address (street, city) FSC/Auburn Associates LLC
2. Person accepting application:
3. Person processing application:
4. Date that applicant or co-applicant was notified by telephone, letter, or in person of acceptance or nonacceptance:
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):
6. Name of owner's representative who notified above person(s):