



AROUND THE CLOCK, INC. CRMC®

a certified residential management company



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CITY OF SEATTLE APPLICATION TO RENT

If You Are Approved CASHIERS CHECK or MONEY ORDER is REQUIRED For Move-In Funds

Rental Address _____ City _____ State _____ Zip _____ Move-In Date _____
 Property Manager _____
 Terms: Month to Month with _____ Mo. Minimum Lease _____ yr. _____ Mo. Rent \$ _____ 1st Mo. \$ _____ Last Mo. \$ _____
 Security Deposit \$ _____ Non. Refund Fee \$ _____ Pet? Yes No Pet Non-Refundable Fee/Deposit \$ _____ Screening Fee \$ _____
TOTAL FUNDS REQUIRED \$ _____ LEASING AGENT VISUALLY CHECKED DRIVER'S LICENSE or STATE ID AND APPLICANT HAS PROVIDED A COPY. Yes No

* PLEASE READ INSTRUCTION FORM FROM SCREENING CRITERIA AND POLICIES PRIOR TO FILLING OUT *

HOW MANY PEOPLE WILL OCCUPY THE PREMISES? Number of Adults _____ Children _____ Ages of children _____
PETS: Yes No How Many _____ Outside _____ Inside _____ Do you have a dog run? Yes No Dog House? Yes No
Type: Cat Dog Other Breed _____ Male Female Age _____ Weight _____ lbs. Spayed Neutered Declawed
Type: Cat Dog Other Breed _____ Male Female Age _____ Weight _____ lbs. Spayed Neutered Declawed
VEHICLES: How many allowable vehicles will be parked on these premises? Car _____ Truck _____ RV _____ Boat _____
 Make _____ Model _____ Yr _____ / Make _____ Model _____ Yr _____ / Make _____ Model _____ Yr _____
DO YOU OR A FAMILY MEMBER SMOKE? Yes No **DO YOU HAVE RENTER'S INSURANCE?** Yes No
APPLICANT NAME: Last _____ First _____ Middle _____ Phone # (____) _____
 Birthdate ____/____/____ Driver's License No. _____ Social Security No. ____/____/____

RESIDENCE HISTORY

APPLICANT'S PRESENT ADDRESS _____ City _____ State _____ Zip _____
 Name of Present Landlord/Agent _____ Address _____ City _____ State _____ Zip _____
 Landlord/Agent day Phone (____) _____ Landlord/Agent night phone (____) _____ Rent/Mgt Pmt \$ _____ How Long: _____
APPLICANT'S PREVIOUS ADDRESS _____ City _____ State _____ Zip _____
 Name of Landlord/Agent _____ Address _____ City _____ State _____ Zip _____
 Landlord/Agent day Phone (____) _____ Landlord/Agent night phone (____) _____ Rent/Mgt Pmt \$ _____ How Long: _____

EMPLOYMENT HISTORY

APPLICANT'S EMPLOYER _____ Position _____ Monthly Income \$ _____ How Long: yrs _____ Mo. _____
 Employer's Address _____ City _____ State _____ Zip _____ Phone (____) _____
PREVIOUS EMPLOYER _____ Position _____ Monthly Income \$ _____ How Long: yrs _____ Mo. _____
 Employer's Address _____ City _____ State _____ Zip _____ Phone (____) _____

ADDITIONAL INCOME such as child support, alimony or separate maintenance need not be disclosed unless it is to be included for qualification purposes. Income of \$ _____ per _____. Source _____. Documentation of additional income must be supplied.

CONTACT INFORMATION

Name of Applicant's Nearest Relative _____ Relationship _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Emergency Contact Person _____ Relationship _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
Are you or anyone who will be residing in the property required to register as a sex offender as the result of an adult criminal conviction? Yes No
Have you ever been given written notice to vacate a rental property by a current/previous landlord? Yes No
 If yes, Landlord Name _____ Phone (____) _____ City _____ State _____

PLEASE READ CAREFULLY BEFORE SIGNING

I submit a non-refundable screening fee of \$ _____. I authorize you to obtain credit reports, character references, mode of living, and my rental and employment history to verify my qualifications.

I also understand that I acquire no rights to the property referenced above until I sign this agreement and submit a holding fee in the amount of \$ _____. If my tenancy is approved the holding fee will be deposited and credited towards my rent and/or security deposit and I agree to sign your Rental/Lease Agreement for the premises. If my tenancy is approved, but I do not sign your rental/Lease Agreement, for any reason whatsoever, this fee shall be forfeited to the owner as liquidated damages for taking the property off the market and not making it available to anyone else. If my tenancy is not approved, this holding fee will be returned to me. The remaining funds required by tenant(s) upon executing the Rental/Lease Agreement must be paid with a **Cashiers Check or Money Order**. Since these funds must be secured, personal checks will not be accepted under any circumstances. Please be advised, a landlord (within the Seattle city limits) is prohibited from requiring disclosure, asking about, rejecting an applicant, or taking adverse action based on any arrest record, conviction record, or criminal history, except sex offender registry information which is the result of an adult criminal conviction - as described in Subsection 14.09.025 A3., 14.09.025 A4., and 14.09.025 A5, and subject to the exclusions and legal requirements in Section 14.09.115. If sex offender registry information is considered, an applicant may provide any supplemental information related to rehabilitation, good conduct, and facts or explanations regarding their registry information. **I AM AWARE THAT AN INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING AND MAY RESULT IN DENIAL OF TENANCY. I HAVE RECEIVED YOUR SCREENING CRITERIA AND POLICIES.**

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Applicant _____ Date _____ Leasing Agent _____ Date _____
 Referring Agent/Company _____
 Applicant(s) is Approved Declined Date Notified ____/____/____ By Listing Agent _____



Equal Housing Opportunity