

This Application is a request to Lease:

Single Family Residence: 8002 55th PL NE, Marysville, WA. 98270
Description: 4bd, 2.5ba, 3gar Home in Brighton Ridge

Date: _____

Time received: _____

Turner Strategy Use _____

Primary Applicant:

Name: _____

Cell Phone: _____

Email: _____

Secondary Applicant:

Name: _____

Cell Phone: _____

Email: _____

Other occupant names: _____

Desired date of occupancy: _____

Desired length of occupancy: _____

Reason for moving: _____



TERMS:

The monthly Lease Amount will be determined based on the results from the required credit check. If application is approved **First and Last month’s rent plus a partially refundable security deposit will be due upon lease signing.** See table below:

Credit Rating	Score Range	Lease Amount	Deposit	Required at Lease Signing *
Excellent	760 +	\$1800	\$900	$(\$1800 \times 2) + 900 = \4500
Good	660 – 759	\$1850	\$900	$(\$1850 \times 2) + 900 = \4600
Fair	560 – 659	\$1900	\$900	$(\$1900 \times 2) + 900 = \4700
Applicant scores below 560 will not be considered				
* Please Note: Pets are allowed on a limited basis and will require additional non refundable pet deposit of \$350.				

CREDIT CHECK:

The Applicant understands that the Landlord will perform a credit check to verify the Applicant's credit references and credit history in connection with the processing of this Rental Application. Applicants will receive a copy of the credit report for their records and reference.

A non-refundable credit report fee of \$35.00 is due with this application.

PRIMARY APPLICANT

Full Name: _____
 Social Security No: _____ - _____ - _____ (Required for credit check)
 Date of Birth: _____ (Required for credit check)
 Driver's License No: _____ Issuing State: _____
 Vehicle Make / Model: _____ Year: _____
 License Plate No: _____ State: _____

Important Disclosure regarding PII
 Personally Identifiable Information gathered in this rental application is held in strict confidence and will not be used for any purpose other than running a consumer credit check to verify the applicant's credit worthiness as it applies to renting this property only. It will not be disclosed to any third parties, sold or otherwise used in any form.
 A copy of the credit report is available to the applicant upon request.

SOURCES OF INCOME:

Wages \$ _____
 Salary \$ _____
 Commission \$ _____
 Tips \$ _____
 Gov't assistance \$ _____
 Retirement Income \$ _____
 Child support/Alimony \$ _____
 Other (Explain Below) \$ _____

CURRENT EMPLOYER

Employer: _____
 Position: _____ How long: _____
 Supervisor: _____ Business Phone: (____) _____
 Annual Income: _____ Start Date _____ End Date _____

PRIOR EMPLOYER (if less than 5 years at current employer):

Employer: _____
 Position: _____ How long: _____
 Supervisor: _____ Business Phone: (____) _____

OTHER INCOME EXPLAINED:

PRESENT ADDRESS:

Check here if same as Primary Applicant _____
 How long at present address: _____
 Landlord's Name: _____
 Phone No.: (____) _____
 Current rent payment: _____

SECONDARY APPLICANT (if applicable)

Full Name: _____
 Social Security No: _____ - _____ - _____ (Required for credit check)
 Date of Birth: _____ (Required for credit check)
 Driver's License No: _____ Issuing State: _____
 Vehicle Make / Model: _____ Year: _____
 License Plate No: _____ State: _____

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 How long at present address: _____
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 Phone No.: (____) _____
 Current rent payment: _____

APPLICANT GENERAL INFORMATION

No. of occupants: Adults: _____ Children: _____
Water bed: Yes _____ No _____
Smokers: Yes _____ No _____
Pets: Yes _____ No _____ Type of pet(s): _____

Note: Pets are allowed on a limited basis and will require additional non refundable pet deposit of \$350.

REFERENCES

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: _____
Address: _____
Home Phone No.: (____) _____
Relationship: _____

PERSONAL REFERENCES:

Name: _____
Address: _____
Phone No.: (____) _____
Relationship: _____

Name: _____
Address: _____
Phone No.: (____) _____
Relationship: _____

BUSINESS REFERENCES:

Name: _____ Relationship: _____
Company Name: _____ Type of Business: _____
Address: _____
Phone No.: (____) _____ Email: _____

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Company Name: _____ Type of Business: _____
Address: _____
Phone No.: (____) _____ Email: _____

BANK REFERENCES:

Name: _____

Branch: _____ Phone: _____

Account No. (Last 4 digits only): _____

Name: _____

Branch: _____ Phone: _____

Account No. (Last 4 digits only): _____

CREDIT REFERENCES:

Credit Card Name: _____

Account No. (Last 4 digits only): _____ Credit limit: _____

Balance owed: _____ Monthly payment: _____

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Account No. (Last 4 digits only): _____ Credit limit: _____

Balance owed: _____ Monthly payment: _____

Credit Purchases (e.g. store account)

Name: _____

Account No. (Last 4 digits only): _____ Credit limit: _____

Balance owed: _____ Monthly payment: _____

Do you own real estate?

Yes ___ No ___ If yes, please explain where and why you are renting:

CRIMINAL / LEGAL

Have you ever been convicted of a felony?

Yes ___ No ___ If yes, please explain:

RENTAL HISTORY

Have you ever willfully and intentionally refused to pay rent when due?

Yes ____ No ____ If yes, please explain:

Are there any circumstances which may interrupt your income or ability to pay rent?

Yes ____ No ____ If yes, please explain:

Have you ever been evicted from any rental premises to include being foreclosed upon?

Yes ____ No ____ If yes, please explain:

SIGNATURE:

I represent that the information provided in this Application is true and correct to the best of my knowledge. Turner Strategy Group is authorized to verify the references and employment information given in this Application and to request a credit check.

Applicant's Signature

Date

Co-Applicant's Signature

Date

DISCLAIMER

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant(s) may be used by Turner Strategy Group to determine whether to accept this Application. Upon written request within 60 days, Turner Strategy Group will disclose to the Applicant in writing the nature and scope of any investigation we have requested, and will, if the Application is refused, state in writing the reason for said refusal.

Accepted: _____ Refused: _____

By: _____