



OLYMPIC TENANT SCREENING
PHONE 800-515-8215 FAX 877-943-3321
APPLICATION FOR TENANCY

*Please Type or Print Clearly Using **RED** or **BLACK** Ink Only

- NEW TENANT CO SIGNER COMPREHENSIVE CREDIT & CRIMINAL
 ROOMMATE/SPOUSE CREDIT ONLY CRIMINAL ONLY

Date _____ Apartment Name _____ Mgr/Owner Name _____ Rent \$ _____
Mgr/Owner Ph _____ Fax or Email _____ Move In Date _____ Apt # _____

***** Owners/Managers Must Complete Above Information *****

INCOMPLETE INFORMATION ON THIS FORM WILL RESULT IN THE DELAY OR DECLINE OF YOUR APPLICATION

First Name _____ Middle Name _____ Last Name _____
Jr., Sr., I, II, III *Circle if applicable
Maiden/Other Name _____ Driver's License # _____ Date of Birth _____
Social Security Number _____ Home/Cell _____ Work _____

Current
Address _____ City _____ State _____ Zip _____

Please check the box that best described your living arrangements:
 Own Home Living with Friend Family Student Housing Renting/On a Lease - Rent \$ _____

Apartment/Landlord Name _____ Phone _____

Move In Date _____ Move Out Date _____

Previous
Address _____ City _____ State _____ Zip _____

Please check the box that best described your living arrangements:
 Own Home Living with Friend Family Student Housing Renting/On a Lease - Rent \$ _____

Apartment/Landlord Name _____ Phone _____

Move In Date _____ Move Out Date _____

Employer _____ Ph # _____ St _____ City _____ State _____ Zip _____

*Circle One

Salary \$ _____ Hr Mo Yr Date of Hire _____ Additional Income & Source _____

IF you are currently unemployed or relocating, are you seeking employment? Yes No _____

ARE you a student Yes No Do you receive Financial Aid? Yes No Parental Help? Yes No -Other _____

PETS Yes No Type _____ Qty _____ Waterbed Yes No Unit to be occupied by _____ Adults _____ Children

Vehicle Make/Model: _____ Lic# _____

Have you ever been convicted of a crime involving the possession, use, sale or manufacture of illegal drugs? Yes No
Have you ever been convicted of a felony? Yes No Have you ever been evicted from an apartment or rental? Yes No
Have you ever filed Bankruptcy? Yes No

Emergency contact _____ Phone _____ Address _____ Relationship _____

Name & Address of Nearest Relative _____ Phone _____

I understand that I acquire no rights in an apartment until I sign a rental or lease agreement in the form presented to me by the Landlord.

A holding fee in the amount of \$ _____ is to be held in consideration of the Landlord/Manager holding this apartment for me. Once my application is approved, I hereby waive all rights to the return of this holding fee, and said holding fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. After lease signing, the holding fee shall be applied toward rent or security deposit in accordance to the terms of the lease. In the event the Landlord denies this application for tenancy, the holding fee shall be returned to me. By signing below, I acknowledge that I have read the entire application and warrant that all information provided by me to be true and accurate.

NON-REFUNDABLE PROCESS FEE \$ _____ (Sales Tax Included)

In compliance with the Fair Credit Reporting Act, this is to inform you that a credit investigation involving the statements made on this application will be initiated. I understand that false, fraudulent, or misleading information disclosed above may be grounds of denial of tenancy or subsequent eviction. I further authorize OTS to obtain such credit reports; public records (criminal convictions, judgments, liens); character reports; verification of rental; and verification of employment history as needed to verify all information put forth in this application.

Signed: _____ **Date:** _____

APPLICANT: Please read before signing above. Application will not be processed without your signature.