

Moses Lake Realty Group Residential Rental Application

537 W Broadway Moses Lake, WA 98837

Address of Rental Property: _____ Unit # _____ Rent Amount \$ _____

Applicants Complete Name: _____ Date of Birth _____

SSN# _____ DL #/State of Issue: _____

Tel# _____ Email Address: _____

Other occupants name, age & relationship _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note Y ___ N ___

Have you rented with us before Y ___ N ___

√ **Complete every item on application. Incomplete and/or inaccurate information may result in process delay or denial of tenancy.**

Current Address (Required Entry)	
Street _____	
City _____	State _____ Zip _____
Apt # _____ Name of Apts. _____	
How Long (Mo/Ds/Yr) From _____	
Pymts/Rent Pd to: _____ Amt \$ _____	
Landlord/Mgmt Co. _____	
Address _____	
Tel# _____	Rent/Own/Lease _____

Prior Address (Required Entry)	
Street _____	
City _____	State _____ Zip _____
Apt # _____ Name of Apts. _____	
How Long (Mo/Ds/Yr) From _____	
Pymts/Rent Pd to: _____ Amt \$ _____	
Landlord/Mgmt Co. _____	
Address _____	
Tel# _____	Rent/Own/Lease _____

√**Current Employer** _____ Tel# _____ Supervisor _____

Dept/Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite # _____ City _____ State/Zip _____

√**Prior Employer** _____ Tel# _____ Supervisor _____

Dept/Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite # _____ City _____ State/Zip _____

√ Additional Income (Interest, Child Support, etc.) _____

√ Bank _____ Acct # _____ Branch _____ Tel# _____

√ Pets? Y ___ N ___ If yes, #, size and type _____

√ Disability Status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Y ___ N ___ Have you ever been turned into collection? Y ___ N ___

Have you ever been charged or convicted of a crime? Y ___ N ___ If yes to any of the above, give details:

What is the nature of the offense? What County (ies) and State(s)? _____

When? _____ Ever used any other name(s)? Y ___ N ___ If yes list name (s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Y ___ N ___

Are you or any other household member currently using any illegal drugs? Y ___ N ___

Auto/Year/Make/Lic. 1.) _____ 2.) _____

Local contact _____ Address _____ Tel # _____

Nearest Relative _____ Address _____ Tel # _____

Emergency Contact _____ Address _____ Tel # _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature _____ Date: _____