



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

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

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ___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/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____
Address _____
Tel# _____ Rent/Own/Lease _____
Email: _____

PRIOR ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co _____
Address _____
Tel# _____ Rent/Own/Lease _____
Email: _____

√ 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# _____
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? Yes ___ No ___ If yes, number, size, and type(s) _____
√ Disability status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever had wages garnished? Yes ___ No ___ If Yes, when was last time garnished and what did you owe causing garnish?

(Give debt details): _____

Ever been taken to court for owing money? Yes ___ No ___

If Yes, to whom did you owe money? (Provide details: Name of company, amount owed, location of courthouse): _____

Ever had a judgment filed against you for money owed? (Give details): _____

Ever been evicted or refused to pay rent? Yes ___ No ___ Ever been Charged or Convicted of a Crime? Yes ___ No ___

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)? Yes ___ No ___ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes ___ No ___

What other states have you lived in? _____

Ever had bedbugs or any other infestation? Yes ___ No ___ If yes, what type of infestation: _____

Do you or any other household member smoke? Yes ___ No ___

Have you or any other household member filed bankruptcy? Yes ___ No ___ If yes, when: _____

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

Emergency Contact _____ Address _____ Tel# _____

Ph #: (360) 455 - 8922
Fx #: (360) 455 - 9024

Jackson Rentals

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2020

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., 120 E. George Hopper Rd, Suite 108, Burlington, Washington 98233, Ph: 360-588-1633. I certify that to the best of my knowledge all statements are “true and complete”. I further authorize ORCA Information, Inc. to obtain Credit Reports, Employment References (including verifying salary), Court Records and Character References, Mode of Living, and Rental References as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application.

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

You have the right to obtain a free copy of the consumer report in the event of a denial or other adverse action, and to dispute the accuracy of information appearing in the consumer report. The consumer reporting agency:

Orca Information, Inc.

120 E. George Hopper Road, Suite 108

Burlington, WA 98233

Phone 800-341-0022 Fax 800-522-6722

I also understand Orca Information’s role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

Applicant’s Name (please print)

Applicant’s Signature

Date of Authorization

Manager’s/Assistant Manager’s Signature

Credit Card Authorization Form For **Orca Information, Inc.**

I personally or on behalf of another, am paying for a Tenant Screening Report. **I understand and agree that Orca Information, Inc will be processing the Tenant Screening Report on behalf of a landlord, property management company or apartment rental.** I understand the name listed on my credit card monthly statement will be **ORCA INFORMATION**. I understand and agree to pay for this One Time Charge by **ORCA INFORMATION, INC.** for processing a Tenant Screening Report.

I certify I am an authorized user of this credit card.

I promise to not dispute this payment with the credit card company as long as the transaction corresponds to the terms indicated in this form. I agree to pay the total amount according to the card issuer agreement and amount due upon signing.

Card Holder's Name: _____

Card Holder's Signature: _____

Date: _____

Card Holder's Phone Number: _____

Please Charge \$ _____ for this report to my (circle one). There is an additional \$3.00 processing fee when paying with credit card. VISA MASTERCARD DISCOVER AMEX		
Card # _____		
Expiration Date: _____		CVV Code: _____
Print Name on Card _____		
Signature of Cardholder _____		
Card's Billing Address _____		
City _____	State _____	Zip Code _____