



Rental Application

Please print or type (to be completed by each adult occupant)

Address you are applying for:

Address:

Date you would like to move in:

Applicant Information

Email Address:

Name:

Date of birth:

SSN:

Phone:

Occupants Other Than Applicant

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Auto Information

Year:

Make:

Color:

State:

License Number:

Year:

Make:

Color:

State:

License Number:

Residence History

CURRENT ADDRESS:

Own Rent (Please check one)

Monthly payment or rent:

How long?

Current address:

City:

State:

ZIP Code:

PREVIOUS ADDRESS:

Own Rent (Please check one)

Monthly payment or rent:

How long?

Previous address:

City:

State:

Landlord Name:

Landlord Phone:

Owned Rented (Please check one)

Monthly payment or rent:

How long?

Previous address:

City:

State:

Landlord Name:

Landlord Phone:

Employment, Income & Assets Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please check one)

Annual income:

Bank Name:

Branch:

Account Number:

Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

Co-applicant Information, if Married

Email Address:

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please check one)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please check one)

Monthly payment or rent:

How long?

Co-applicant Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please check one)

Annual income:

Rental Application – Continued
Please print or type (to be completed by each adult occupant)

Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	(Please check one)	Annual income:

References (nearest relative or friend that will not be living with you)

Name:	Address:	Phone:
Name:	Address:	Phone:

Information

Will you or any other occupant be harboring any pets, service animal(s), emotional support animal(s) or comfort animal(s) at this property?	
Have you or any other occupant ever filed a Petition in Bankruptcy?	
Have you or any other occupant ever been evicted?	
Have you or any other occupant ever been convicted of a Felony?	
Are you or any other occupant a registered sex offender?	

If you answered yes to any of the above questions explain below;

Submitting False Information:

In the event the Landlord discovers the tenant, or applicant, has misrepresented or omitted a material fact during the application for tenancy any prior consent of the Landlord shall be deemed immediately revoked due to lack of informed consent. In such event, the tenant, and all household members, shall immediately be in occupancy without the permission of the Landlord and without color of title to the real property thereby requiring him/her/them to immediately vacate occupancy of the subject dwelling.

Applicant Agrees to

I declare the foregoing to be true under penalty of perjury, I will not keep or harbor animals or pets of any kind on the premises without written permission of the landlord. I agree that the Landlord may immediately and without grace terminate any agreement entered into in reliance on any misstatement made and I agree to pay Landlord one half of one months rent as a re-rent fee, advertising and any vacant time until the rental is re-rented or lease agreement expires. Applicant hereby grants permission to the Landlord to obtain a credit report from a credit bureau.

**Applicant agrees to pay \$30.00 per adult for the credit check and criminal report.
 Application will not be processed without application fee & signature.**

I authorize the verification of all information provided on this form.

WE DO NOT ACCEPT A PORTABLE RE-USABLE SCREENING REPORT.

Signatures

Signature of applicant: Signature required before processing	Date:
Signature of co-applicant: Signature required before processing	Date:

Comments

Return application to:

You can return application in person, via fax, or via email,
 the application must be signed and payment received in order to be processed.

503 East Second Avenue, Spokane, WA 99202 / Tel: 509-327-2282 / Outside Washington: 800-669-6856 / Fax: 509-327-1402 / info@rhcooke.com / www.rhcooke.com

