



Property Management

4152 Meridian Suite #229, Bellingham, WA 98226

Tele: 360.738.6800 Fax: 360.738.7018

FOR OFFICE USE ONLY	
APPLICATION FEE PAID:	
DEPOSIT RECEIPT #	DEPOSIT AMOUNT \$
APPROVED	REJECTED

PLEASE PROVIDE W/ APPLICATION:
 Application Fee: \$25 individual/ \$35 married/ \$15 co-signer.
 Copy of Driver's License, Passport or Picture ID.
 Copy of Last Employer Paycheck Stub.

RENTAL APPLICATION (Must be 18 to apply)

PERSONAL INFORMATION

Applicant's Last Name	First	Middle Inif	Birthdate	Driver's License No. & State	Soc. Sec. No.
Spouse's Name			Birthdate	Driver's License No. & State	Soc. Sec. No.
Other Occupants and Their Relationship/Ages					
(1)		(2)		(3)	
Animals? Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many?	Kind of Animal, Breed, Weight	Service Animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	CURRENT Phone/Cell Number	

RESIDENCE HISTORY

Present Address	City	State	Zip	Dates From/To:	Reason for moving	<input type="checkbox"/> Own <input type="checkbox"/> Rent
PRESENT Landlord/Owner Name	Address			Phone	Monthly Pmt.	
1st Previous Address	City	State	Zip	Dates From/To:	Reason for moving	<input type="checkbox"/> Own <input type="checkbox"/> Rent
1st PREVIOUS Landlord/Owner Name	Address			Phone	Monthly Pmt.	
2nd Previous Address	City	State	Zip	Dates From/To:	Reason for moving	<input type="checkbox"/> Own <input type="checkbox"/> Rent
2nd PREVIOUS Landlord/Owner Name	Address			Phone	Monthly Pmt.	

EMPLOYMENT HISTORY

PRESENT Employer	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Net Monthly Salary \$ Per Month
PREVIOUS Employer	Supervisor's Name			How Long?		
SPOUSE PRESENT Employer	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Net Monthly Salary \$ Per Month
Additional Income (optional)						
Source	Phone	Amount \$	Per			

VEHICLE INFORMATION

No. of Vehicles	Make of Vehicle/ Color	Year	Model	License Plate #
	Make of Vehicle/Color	Year	Model	License Plate #

BANKING REFERENCES

Name of Bank or Financial Institution	Checking/Savings Acct #	Branch/City-State	How Long?
Do you have a Master Card or Visa credit card account? Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Issuing Bank Name

PERSONAL REFERENCES

Parent or Nearest Relative:			
Name	Address	Relationship	Phone
IN CASE OF PERSONAL EMERGENCY CONTACT (not living with you):			
Name	Address	Relationship	Phone

OTHER INFORMATION

How did you hear about our property?	Are you or any member of your household a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a crime or felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When?		What For?
Have you ever been evicted from a tenancy or requested to vacate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When/From Who?		
Have you ever willfully and/or intentionally refused to pay rent when due? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When/From Who?		
Have you ever declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any Additional Comments?		

The sum of \$_____ is deposited herewith, on the understanding that it will be returned to you if this application is not approved. If the application is approved, you agree that the money deposited shall be applied to the Security Deposit required for the Unit. Should this application be canceled by you for reasons satisfactory to the company, the deposit shall be refunded, less amounts for expenses incurred or rents lost by the company as a result. Should this application be canceled by you for reason unsatisfactory to the company, the entire amount of the deposit will be forfeited. The non-refundable screening fee in the amount of \$_____ has been paid to process this application.

APPLICANT STATES AS FOLLOWS: I/We have read and understood the above paragraph regarding application of the initial Deposit.

Initials Please [_____]

Tenant wishes to start occupying and paying rent for the unit on _____ (month/date/day of week).

Full Security Deposit of \$_____ must be paid PRIOR TO MOVE IN. Application is for rental at _____ Unit _____

Rent for the Unit is \$_____ per month. Upon approval of this application, you agree to sign a standard Rental Agreement.

YOU ARE HEREBY NOTIFIED that, consistent with the provisions of the Fair Credit Reporting Act, a credit investigation to verify the information supplied by you in the application form and otherwise establish creditworthiness will be initiated. APPLICANT STATES AS FOLLOWS: I/We represent that the statements made above are true and correct; I/We hereby authorize Caitac USA Corp Property Mgmt. to conduct a complete investigation, including but not limited to obtaining credit reports, public records, court records, along with rental, employment, bank and reference verifications. **I understand that false or misleading information may be grounds for denial of tenancy, or subsequent eviction.**

Dated _____ Applicant: _____
 *Spouse: _____