Check One: Investigative Reports: Co-Signer_____ Mini _____ Super-Mini _____ Orca _____ Killer Whale _____

$ 63 **Non-Refundable Investigative Fee**



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:_____

√ 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_____

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_____

√ **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? _____
√ Are you a fulltime student? Yes _____ No _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes _____ No _____
When? _____
Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____
Are you or any other household member a Lifetime Registered Sex Offender? Yes _____ No _____
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.)_____

Local Contact_____Address_____Tel#_____

Nearest Relative_____Address_____Tel#_____

Emergency Contact_____Address_____Tel#_____

FCPC / Country Sunset Ph # ( ) -
Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



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Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION
Revised 03/2024

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 Ste.108 Burlington, WA 98233. , 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 (for juvenile occupants, the undersigned parent/guardian authorizes the above-information to be obtained on their behalf).

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** from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

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.

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

_____
Applicant's Name (please print)

_____
Applicant's Signature

_____
Date of Authorization

_____
Manager's/Assistant Manager's Signature

Please Charge $__63__ for this report to my (circle one).
There is an additional $3.00 processing fee when paying with credit card. **VISA MASTERCARD DISCOVER ANNEX**

Card #_____

Expiration Date: _____ CVV Code:_____

_____
Print Name on Card

_____
Signature of Cardholder

_____
Card's Billing Address

_____
City State Zip Code

List All Juvenile Age Occupants 12yrs-17yrs:

_____
Full Legal Name Nickname(s) Date of Birth

_____
Full Legal Name Nickname(s) Date of Birth

_____
Full Legal Name Nickname(s) Date of Birth

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