APPLICATION TO LEASE APARTMENT

Vermont Inn Apartments – 2721 Fourth Avenue – Seattle, WA 98121 – 206-4410101

Please complete application fully and make all entries legible. We cannot process incomplete applications.

Full Name:	e:Social Security Number:			er:
Phone Number:	_ Date of Birth:_	DL/ID Number:		
Your Address:	City:		_State:	Zip:
About Your Present Landlord:				
Name of Landlord or Person/Agency You Now Rent From:				
Phone Number:	_ How Long?	ſ	Monthly Rent:	
Address: City:		State:	Zip:	
About Your Previous Landlord:				
Name of Previous Landlord or Person/Agency You Previously Rented From:				
Phone Number:	_ From:	_To:	Monthly Rer	nt:
About Your Present Employer:				
Present Employer:	_ Position:	N	ame of Supervis	or:
How Long?Wages: \$	Per (circle o	ne) Week Moi	nth Year Fax Nun	nber:
Average Number of Hours Per Week:				
About Your Previous Employer:				
Previous Employer:				
From: To: Name of Supervisor: Phone:		2:		
Wages: Per: circle one: Week Month Year				
About Your Income:				
Indicate All Other Sources of Income. Circle ALL That Apply: Alimony, Child Support, Welfare, Pensions,				
Unemployment Compensation, Social Security, SSI, Disability or any other regular or periodic payments.				
Type of Income: Annual A		Contact:		_Phone:
Type of Income: Annual	Amount: \$	Contact:		_Phone:
Do You Have A Checking Account?	Name of Bar	nk:		_Balance:\$
Do You Have A Savings Account?	Name of Ba	nk:		_Balance:\$
Other than what you have already listed, do you have any other income? If "yes," please show				
amount(s), source(s), contact person and phone number:				
Additional Information:				
Please Answer "yes" or "no." Have you filed for bankruptcy? In the past 12 months, have you				
been served any of the following: Unlawful Detainer? Three Day Notice to Pay or				
Vacate? Ten Day Notice to Comply or Vacate? Notice To Terminate Tenancy?				
Have you been evicted? I	f you have answe	ered "yes" to	o any of the abov	ve, please provide
details:				

Your Emergency Contact:

Name of Contact:______ Relationship To You______

Phone Number:____

Certification:

I certify that my gross income from all sources LAST YEAR was: \$______and that my current monthly gross income from all sources is \$______. I agree to provide upon request the necessary documentation as required to substantiate the income I show on this application. I further understand that approval of this application is based on information that I have provided and that my failure to provide the requested information will result in the denial of this application. I also understand that there is a \$35 non-refundable application processing fee due when this application is submitted for processing. My signing of this application is not an invasion of my privacy. This background check is for the purpose of identifying any potential causes of denial based on credit, collections, defaults, registry information, open bankruptcies or eviction(s).

Notice To Applicant:

"The landlord is prohibited from requiring disclosure, asking about, rejecting an applicant or taking an adverse action based on any arrest record, conviction record or criminal history, except for registry information as described in subsections 14.09.025.A,3, 14.09.025.A.4., and 14.09.025.A.5. and subject to the exclusions and legal requirements in section 14.09.115." The registry information in the quoted language is defined as information solely obtained from a county, state-wide, or national sex offender registry that can include information as to the person's physical description, address, and conviction description and dates. The applicant may provide any supplemental information related to rehabilitation, good conduct, and facts or explanations about their registry information.

Signature of Applicant:_____

Date:_____

The Vermont Inn does business in accordance with fair housing laws.

