

APPLICATION TO LEASE APARTMENT
Vermont Inn - 2721 4th Ave., Seattle, WA 98121

Full Name: _____ Social Security # _____

Date of Birth: _____ Contact Phone # _____ D/L State ID#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Landlord: _____ Phone # _____ How Long? _____ Monthly Rent: _____

Previous Address: _____ From: _____ To: _____ Monthly Rent: _____

Landlord's Name: _____ Phone # _____

Present Employer: Company Name _____ Position: _____

Name of Supervisor: _____ Phone Number: _____

How Long Employed: _____ Wages: \$ _____ Per (circle one): Hour Week Month Year

Average Number of Hours Per Week: _____ Fax Number to Employer: _____

Previous Employer: Company Name: _____ Position: _____

Name of Supervisor: _____ Phone Number: _____

How Long Employed: _____ Wages: \$ _____ Per (circle one): Hour Week Month Year

Average Number of Hours Per Week: _____ Fax Number to Employer: _____

Indicate All Other Sources of Income: Circle ALL that apply: alimony, child support, welfare, pensions, Unemployment compensation, social security, trusts, disability or any other regular or periodic payments.

Type of Income: _____ Annual Amount: _____ Contact Person/Phone # _____

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Do you have a checking account? _____ Name of Bank _____ Balance: \$ _____

Do you have a savings account? _____ Name of Bank _____ Balance: \$ _____

Other than what you have already listed, do you have any other income? _____. If "yes," please show amount(s), source (s) and contact persons: _____

Please answer each "yes" or "no." Have you ever: filed for bankruptcy _____ been evicted _____

Been convicted of a felony _____ been served an "unlawful detainer" _____

If "yes," please provide details: _____

Emergency Contact: _____ Phone : _____ Relation: _____

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 requested information will result in the denial of this application. I also understand that there is a \$35 non-refundable application screening fee and that by signing this application I authorize Vermont Inn to conduct a background check and understand such background check does not constitute an invasion of my privacy. This background check is for the purpose of identifying any potential causes of denial based on credit collections, defaults, open bankruptcies, felonies or evictions.

APPLICANT'S SIGNATURE: _____ DATE: _____

VERMONT INN APARTMENTS - 2721 4TH AVE - SEATTLE, WA 98121 206-441-0101 FAX: 206-448-0803