

Clover Station Apartments

RENTAL CRITERIA

Grandview Management Services, LLC rental criteria and standards are being provided to you pursuant to applicable state law. The following information provides the bases upon which Grandview Management Services, LLC will make its decision.

Payment of a non-refundable Application Fee by each applicant 18 years of age and older is required before a response will be provided. Application Fees are non-refundable and are used to pay for the costs incurred in the application process from a third party screening company. Incomplete applications will not be accepted. A holding fee in the amount of \$500.00 (cash or money order) is required to hold the unit during the application process. If denied the \$500.00 will be returned to applicant. If approved, the \$500.00 will be applied to the security deposit upon move-in. If applicant chooses not to enter in the rental agreement for any reason, the owner/agent will retain the holding fee to cover incurred "lost rental compensation"

Date	Applicant Signature	Applicant Signature	Authorized Agent Signature
	<ul style="list-style-type: none">• A criminal history/background check will be run. Any convictions for crimes/active warrants may result in denial, in accordance with the fair housing law.• Occupancy must be limited to no more the two people (2) per bedroom.• Monthly income must be at least three (3) times the rent amount due.• Current & Previous verifiable landlord references shall be listed on the application provided, with the telephone numbers, for a minimum of one year. Mortgage lenders and/or land sales contact persons where applicable.• A credit report will be run. All active accounts should be reported as current. A credit score should be at least 620. An occasional negative credit rating will be reviewed, provided the applicant could justify the circumstances surrounding this rating. Multiple negative ratings may not be acceptable. Valid Social Security number required. (May be asked for proof)• Current proof of identity required. Application will not be processed without a copy of a valid drivers license or proper documentation permitting an individual to live and work in the United States.• Any record of unlawful detainer, unpaid collection, or judgement may result in denial of application.• Employment must be verifiable for a period of one year. Income must be verifiable through employer contact, current pay stub or 3 years of tax records for self-employed. Copy of most recent paystub with year to date earning must be received before application can be processed.• Non-employment income should be verified through tax records.• Holding fee is required at the time the application(s) are submitted for processing. If holding fee is not collected, the home applied for will not be held and will remain on a first come first serve basis.• Information not disclosed on any section of the application may result in denial, including any special accommodations needed unless previously disclosed.• If approved, proof of renters insurance and utility set up is required before keys will be given.		

Inability to meet any of the above criteria for residency may result in the following:

- 1. Denial of application for tenancy**
- 2. Approval of application for tenancy with either first, last month's rent, and/or increased security deposit**



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: Clover Station Apartments Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ___Y ___N

√ 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 _____
Email: _____

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 _____
Email: _____

√ **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? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever had wages garnished? Yes ___ No ___ If Yes, when was last time garnished and what did you owe causing garnish?

(Give debt details): _____

Ever been taken to court for owing money? Yes ___ No ___

If Yes, to whom did you owe money? (Provide details: Name of company, amount owed, location of courthouse): _____

Ever had a judgment filed against you for money owed? (Give details): _____

Ever been evicted or refused to pay rent? Yes ___ No ___ Ever been Charged or Convicted of a Crime? Yes ___ No ___

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes ___ No ___ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes ___ No ___

What other states have you lived in? _____

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.) _____

Emergency Contact _____ Address _____ Tel# _____

Ph #: (360) 454 - 0791
Fx #: (360) 572 - 0916

Grandview/Clover Station

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2020

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, Suite 108, Burlington, Washington 98233, Ph: 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.

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** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

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

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.

Applicant's Name (please print)

Applicant's Signature

Date of Authorization

Manager's/Assistant Manager's Signature

LIST ALL JUVENILE AGE OCCUPANTS 12 - 17 YRS:
(Note: There is an additional \$15 fee)

1. Full Legal Name: _____

Nickname(s): _____

Date of Birth: _____

2. Full Legal Name: _____

Nickname(s): _____

Date of Birth: _____

3. Full Legal Name: _____

Nickname(s): _____

Date of Birth: _____