

Rental Application

For current/upcoming vacancies: www.lowryrentals.com/ra.htm

Note: **Use dark pen, print clearly.** Be thorough--the more information the better. Use "Other comments" section and the back if more space is needed.

Address of this rental _____

Applicant 1 _____ /_____/____ (____)____ -____
(First) (Middle) (Last) Birth date Current Phone

Social Security Number Driver's License Number # Expiration Date

Applicant 2 _____ /_____/____ (____)____ -____
(First) (Middle) (Last) Birth date Current Phone

Social Security Number Driver's License Number # Expiration Date

Names, ages & relationships of others to occupy rental unit

Rental history (Start with most recent. Specify which applicant--#1, #2, B = both)

1/2/B _____ Address _____ Manager _____ Dates rented

____ 1. _____ From _____
_____ Ph. # _____ To _____

____ 2. _____ From _____
_____ Ph. # _____ To _____

____ 3. _____ From _____
_____ Ph. # _____ To _____

____ 4. _____ From _____
_____ Ph. # _____ To _____

Applicant 1

Cur. employer _____ Position _____

Address _____ Supervisor _____ Ph. _____

Dates employed _____ to _____ Hrs./wk. _____ Salary _____

Prev. employer _____ Position _____

Address _____ Supervisor _____ Ph. _____

Dates employed _____ to _____ Hrs./wk. _____ Salary _____

Prev. employer _____ Position _____

Address _____ Supervisor _____ Ph. _____

Dates employed _____ to _____ Hrs./wk. _____ Salary _____

(Continue on next page)

Applicant 2

Cur. employer _____ Position _____

Address _____ Supervisor _____ Ph. _____

Dates employed _____ to _____ Hrs./wk. _____ Salary _____

Prev. employer _____ Position _____

Address _____ Supervisor _____ Ph. _____

Dates employed _____ to _____ Hrs./wk. _____ Salary _____

Prev. employer _____ Position _____

Address _____ Supervisor _____ Ph. _____

Dates employed _____ to _____ Hrs./wk. _____ Salary _____

Both Applicants

Other income (Ave./month) _____

Source _____

Financial obligations/problems (explain) _____

Have you (Y/N): Been arrested? _____ Filed bankruptcy? _____ Been Evicted? _____

Had a court judgment against you? _____

If yes on any, explain _____

Notify in emergency _____ Ph. _____

Relationship _____ Address _____

Personal reference _____ Ph. _____

Personal reference _____ Ph. _____

What pets, if any, will you have? (Inside/outside/both?) _____

Do you smoke? _____ Will you agree to not smoke inside? _____

Why are you moving at this time? _____

When do you want to move in? _____

How long to you expect to live here? _____

Other comments (Continue on back) _____

We authorize John Lowry, owner, P. O. Box 1648, Milton, WA. 98354-1648, 253-841-4948, to verify the above information.

Completed application can be faxed to 253-445-1582. Call to inform fax was sent.

Applicant 1 signature _____ Date _____

Applicant 2 signature _____ Date _____