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Applicant's Complete Name:			
	· · · · · · · · · · · · · · · · · · ·	Da	te of Birth:
SSN#	_ DL#/State	e issued:	
Tel#Er	nail Address:		
Other Occupant's Name, Age & Relationship:	-		
If any of the above noted occupants are currently marr			
Complete Every Item on Application. Incomplete			
CURRENT ADDRESS (Required Entry)	PRIOR ADDR	ESS (Required Entry)
Street		Street	
CityStateZip_		City	
Apt #Name of Apts		Apt #Name of Apts	
How Long(Mo/Da/Yr)FromTo	·		To
Pymts / Rent Pd ToAm	nt		Amt
Landlord/Mgmt Co			
Address		Address	20 MO - 15 M
Tcl#Rent/Own/Lea	se	Tel#	Rent/Owп/Lease
√ Current Employer		Tel#	Supervisor
Dept / Attached toOccu			
Hire Date Monthly :			
Address			
√ Prior Employer			
Dept / Attached toOccu			
Hire DateMonthly S			
Address	Suite _	City	State/Zip
√ Additional Income (Interest, Child Support, Etc)			
		Branch	Tel#
V Bank			
V Bank Accts No If yes, number, size, and by	pc(s)		
Pets? Yes No If yes, number, size, and ty			
Pets? Yes No If yes, number, size, and ty Disability status and require special accommodations?			
Pets? Yes No If yes, number, size, and ty Disability status and require special accommodations? Are you a fulltime student? Yes No HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:	· · · · · · · · · · · · · · · · · · ·		
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Pets? Yes No If yes, number, size, and ty 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 E	Ever been Charged or Convicto	ed of a Crime? Yes No _
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CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

Applicant's Last Na	me	First		M .	I.	Social Security Number	Date of Birth
Present Address		•	City			State	Zip Code
Day Phone ()		***************************************	Fax ()		
Night Phone ()			Email:			•
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Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your house-hold members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., PO Box 277, Anacortes, Washington 98221, 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, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, 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.

Nickname(s)		Date of Birth
Nickname(s)		Date of Birth
	<u> </u>	
8.00		
		·
	Nickname(s)	

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RESIDENT ACCEPTANCE POLICY DIAMOND MANAGEMENT COMPANY

Applicant Name:	Apto: NATION DOD	Unit No
TERMINALS. If Three or more Negeti temporary loss of job, medical reasons, f.	9 18port shall be reviewed for two types of advarse we liems are found in a raport, and there are no extending emergencies, etc.), the applicant will be decided. All NNT(S) AND THEIR HOUSEHOLD MEMBERS AS WE	nuating cimumstances (example I NEGATIVES, TERMINALS AN
NEGATIVES: The following items shall b	e considered negative tieme:	
Any credit account which is taled as t	having gane la collection within the Igal seven (7) years,	
Any collection, judgment, benkruptcy	or lian within the last seven (7) years.	
Any landlard reference that includes a	nore than 2 late payments in a year.	
Any instance of a demage deposit wh	lich was not returned due to damage to the rentel unit (be:	yond normal cleaning).
Any Instance of proper Notice of Inter	il lo Vacale not being given.	•
Any instance of unauthorized pels or	people occupying a unit rented to the applicant.	
TERMINALS: The following Kema ahali b	e considered (eminal and sufficient to decline the applica	ni(a) and household mombers,
Any OPEN bankrupicy.		
Any Negative or Incomplete rental ref	erance / wauld not re-rent documentation.	
Any collection filed by a property man	agement company or landloid.	
Any eviction or Uniawful Detainer acil	on and/or any current 3-day Notice to Pay of Vecate.	
Any income level or combined income	level in the case of co-applicants, which does not meet to	na income faquirements.
Any conviction of, or reasonable caus	e to believe that any illegal drug is currently being used at	nd/of has in the past been used,
saudit yns yd blos 10 besenseog	hold mambar,	
Any missing, false or misleading infor	mation provided by the applicant on the written application	, or omission of a material fact.
on blagnu ni erom ra 000,12 lo islal A	lections in the lest seven (7) years excluding madical.	
Any charge or sonviction for criminal a	iclivity by any hausehold member.	
Any household member that is a regia	leted or unragistered sex offender,	
Two (2) or more charges for Domestic	Violence (defendant in criminal cases) of charges that are	e Domestic Violence felated
AND/OR Wa (2) or more petition	is filed egainst you for Orders of Protection (respondent in	ı Givil Caber).
Reasonable likelihood to believe that a	a household member's abuse or pattern at abuse of alcoh-	ol would interfere with the
health, safety or right to peaceful	l enjoyment of the resident community.	
Ressanable likelihood to believe that s	household members Megal use or pattern of Megal use o	of a drug may interfere with the
	ful enjoyment of the resident community.	
	nt will be unwilling or unable to pay rant.	
Reasonabla likelihood that the applica	ht or those acting under his or her control will interfere will	h the health, safety, security or
the right of pascalul enjoyment o	f the resident community.	
Rassonable likelihood to believe that it	he applicant or these acting under his or her control will co	suse intentional damage or
destruction to the apartment of a	urrounding premises,	
REQUIREMENTS; 12 months verified	le l'ental history. Failure lo 40 this may result in a termina	,
his applicant is subject to: Conditional	Approval,increased Deposit,Qualified Co-Signer	

This applicant is: Denied

TENANT SELECTION CRITERIA

Thank you for your interest in	_ apartments.	In order to qualify
as a resident of the community the following standards must be met:		

- 1. POSITIVE RENTAL HISTORY:
 - a. Two positive landlord references
 - b. No disturbance complaints
 - c. Consistent payment of rent on time
 - d. No damage to apartment unit
- 2. VERIFIABLE INCOME SOURCE. INCOME EQUAL TO AT LEAST 2 TIMES THE MONTHLY RENT.
- 3. FAVORABLE CRIMINAL HISTORY. WE WILL NOT RENT TO ANYONE WITH A CRIMINAL HISTORY.
- 4. FAVORABLE CREDIT HISTORY.
- 5. MUST SUBMIT A COMPLETE, LEGIBLE APPLICATION WITH NO OMISSIONS, NO ERRONEOUS INFORMATION, AND MUST ATTEND AT LEAST ONE IN-PERSON INTERVIEW.
- 6. MUST BE LEGALLY RESPONSIBLE TO ENTER A LEGAL CONTRACT.
- 7. MUST BE CAPABLE, WITH OR WITHOUT ASSISTANCE, TO CARRY OUT LEASE AND RULES AND REGULATION REQUIREMENTS.
- 8. MUST NOT BE ENGAGING IN ANY DRUG RELATED ACTIVITIES OR ANY OTHER ILLEGAL ACTIVITIES.
- 9. WE WILL NOT RENT TO AN APPLICANT WHERE THERE EXISTS A REASONABLE LIKELIHOOD THAT THE APPLICANT OR THOSE ACTING UNDER HIS/HER CONTROL WOULD PARTICIPATE IN MALICIOUS OR DISRUPTIVE BEHAVIOR THAT MAY INTERFERE WITH THE HEALTH AND SAFETY AND/OR PEACE AND QUIETUDE OF THE APARTMENT COMMUNITY.