

Rental Application

Samaras Associates, Inc.

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Lynnwood, Wa 98036
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Address/Property code: _____
Unit #: _____
City: _____
Rent: 1st \$ _____ Last \$ _____
Deposit \$ _____ Pet Deposit: \$ _____

This application will be filed as part of your lease. Any falsified information will be grounds for immediate termination of the lease. Potential tenants authorize Samaras Associates, Inc. to verify any and all information by inquiry, reports, public record, investigation & credit agencies. Samaras Associates, Inc. observes the spirit and the letter of all equal opportunity laws.

Name: _____
First _____ Middle _____ Last _____

Cell Phone # () _____ Wk Phone # () _____

E-Mail: _____ Driver's License # _____ State _____

Social Security # _____ / _____ / _____ Date of Birth: _____ / _____ / _____ Age: _____

Automobile: _____
Make _____ Model _____ Year _____ License Plate # _____ State _____

Current Address: _____
Street _____ City _____ State _____ Zip Code _____

Rental dates: Start/End: _____ Date _____ Rent per month: _____

Present Landlord: _____ Phone: () _____

Former Address: _____
Street _____ City _____ State _____ Zip Code _____

Rental dates: Start/End: _____ Rent per month: _____

Former Landlord: _____ Phone: () _____

Will anyone else be living in this house with you: _____
Name(s) _____ Name(s) _____

Marital Status: married _____ single _____ divorced _____ separated _____

Dependents:

Name _____	Age _____	Relationship _____	Social Security Number _____
Name _____	Age _____	Relationship _____	Social Security Number _____
Name _____	Age _____	Relationship _____	Social Security Number _____

Pets _____
Type _____ Size _____ Number _____

Company _____
Current Employer _____ Former Employer _____

Address _____

Telephone () _____ () _____

Supervisor _____

Position _____

Salary (mo) \$ _____ From _____ To _____ Date _____

Employed _____

Do you have any other source of income? _____ Yes _____ No _____
Amount \$ _____ Per Month _____ Source: _____

Account References: _____

Checking Account: Bank _____ Acct # _____ Balance \$ _____

Savings Account: Bank _____ Acct # _____ Balance \$ _____

Do You Smoke? _____ Yes _____ No _____

Do you own your own furniture? _____ Yes _____ No _____

Have you ever been convicted of a crime involving illegal drugs? _____ Yes _____ No _____

Have you or anyone else applying for this unit, ever been convicted of a crime? _____ Yes _____ No _____

If yes, What type and when Committed? _____

Are you or anyone else applying for this unit, required to register as a sex offender? _____ Yes _____ No _____

Have you ever: _____

Filed for bankruptcy? Yes _____ No _____ Been Evicted? Yes _____ No _____ Withheld Rent? Yes _____ No _____

Nearest Relative not living with you: _____ Relationship: _____

Name: _____ Phone Number: () _____ State: _____ Zip Code: _____

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

Signature: _____ Date: _____