

CHESTNUT FLATS LLC
P.O. BOX 28085
BELLINGHAM, WA 98225
p 360-920-3283 | f 360-594-4632
DHOVDE@WINDERMERE.COM

RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Applicant must provide "enlarged" color copy of photo identification (Driver's License, Passport, Military I.D.). Please fill out this form **COMPLETELY** and sign where indicated.

Property Address: _____ Have You Seen The Unit? Yes No

Desired Move-in Date: ____/____/____ Rental Price: \$_____ Desired Lease Term (mos.):_____
*Most properties require a 12 Month Lease

How Did You Hear About The Property: Web Site Craigslist Western Front Sign at Property Bellingham Herald
 Friend/Relative _____ Other _____

PERSONAL INFORMATION

Name: _____ D.O.B.: ____/____/____

Birthplace: _____ SS#: _____ - _____ - _____

Driver's License #: _____ State: _____ Expires: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Home Phone: _____

All other names you have held credit under: _____

Bank Name: _____ Bank Address: _____

Bank Phone: _____

Proposed Occupants Name(s):

(1) _____ Age: _____ Relationship: _____

(2) _____ Age: _____ Relationship: _____

RENTAL HISTORY

Current Address: _____ City: _____ State: _____ Zip: _____

Monthly Rent: \$_____ From: ____/____/____ To: ____/____/____ Reason For Moving: _____

Owner/Manager: _____ Paid up to date? Yes No

Owner/Manager Phone: _____ Owner/Manager Fax: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Monthly Rent: \$ _____ From: ___/___/___ To: ___/___/___ Reason For Moving: _____

Owner/Manager: _____

Owner/Manager Phone: _____ Owner/Manager Fax: _____

EMPLOYMENT HISTORY

Full-Time Student (Co-Signer Required) Employed Full-Time Employed Part-Time

*Co-Signer may also be required depending on approved credit

Current Employer: _____ Phone: _____ Fax: _____

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

Position: _____ From: ___/___/___ To: ___/___/___

Gross Monthly Income: \$ _____ Full-Time Part-Time

Previous Employer: _____ Phone: _____ Fax: _____

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

Position: _____ From: ___/___/___ To: ___/___/___

Gross Monthly Income: \$ _____ Full-Time Part-Time

REFERENCES/EMERGENCY CONTACT INFORMATION

Emergency Contact (1): _____ Relationship: _____ Phone: _____

Address: _____

Emergency Contact (2): _____ Relationship: _____ Phone: _____

Address: _____

Personal Reference (1): _____ Relationship: _____ Phone: _____

Address: _____

Personal Reference (2): _____ Relationship: _____ Phone: _____

Address: _____

CO-SIGNER INFORMATION

Co-Signer (1): _____ Relationship: _____ Phone: _____

Address: _____

Co-Signer (2): _____ Relationship: _____ Phone: _____

Address: _____

VEHICLE INFORMATION*

No. of Vehicles on Property (List Yours Only): _____

Year: _____ Make: _____ Model: _____ Color: _____ LIC #: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____ LIC #: _____ State: _____

**You are only allowed one (1) vehicle per bedroom. Some buildings will have assigned parking spaces. If your vehicle is parking in any space other than your assigned space, you will be towed.*

OTHER INFORMATION

Do You Have Any Pets? Yes No

Breed/Type: _____ Weight: _____ Age: _____

Breed/Type: _____ Weight: _____ Age: _____

Do You Have Any Service/Companion Animals? Yes No If Yes, please provide Health Provider information below and copy of all licensure documentation with application.

License Date: _____

Health Provider Name: _____ Phone: _____ Fax: _____

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

Breed/Type: _____ Weight: _____ Age: _____

Breed/Type: _____ Weight: _____ Age: _____

Will Smokers Live In The Property?* Yes No **All buildings have a strict no smoking policy*

Have You Ever Filed Bankruptcy? Yes No Describe: _____

Have You Ever Been Convicted of a Crime? Yes No Describe: _____

Have You Ever Been Sued? Yes No Describe: _____

Have You Ever Been Delinquent in Payment of Rent? Yes No Describe: _____

Have You Ever Been Evicted? Yes No Describe: _____

Have You Ever Broken a Lease? Yes No Describe: _____

Do You Have a Waterbed? Yes No Describe: _____

APPLICANT REPRESENTS THAT ALL STATEMENTS MADE ABOVE ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE FOLLOWING ITEMS INCLUDED, BUT NOT LIMITED TO OBTAINING: A CREDIT REPORT, A CRIMINAL HISTORY REPORT, BANKING AND EMPLOYMENT HISTORY FOR THE PURPOSES OF RENTING A SINGLE-FAMILY HOME, TOWNHOUSE, CONDOMINIUM OR APARTMENT. THIS APPLICATION IS FOR QUALIFICATION PURPOSES ONLY AND DOES NOT IN ANY WAY GUARANTEE THE APPLICANT THAT HE/SHE WILL BE OFFERED THIS PROPERTY. PROCESSING FEES ARE NON-REFUNDABLE. FALSE, FRADULENT, OR MISLEADING INFORMATION IS CAUSE TO IMMEDIATELY REJECT THIS APPLICATION, OR SUBSEQUENT EVICTION. APPLICANT ALSO UNDERSTANDS THAT OWNER/LANDLORD CAN AND WILL ACCEPT MORE THAN ONE APPLICATION FOR THIS RENTAL PROPERTY AND OWNER/LANDLORD, AT ITS SOLE DISCRETION, WILL SELECT THE BEST QUALIFIED TENANT. APPLICANT UNDERSTANDS THAT HE/SHE ACQUIRE NO RIGHTS IN THE RENTAL UNIT UNTIL HE/SHE SIGNS A LEASE AGREEMENT. APPLICANT AGREES TO HOLD HARMLESS BOTH OWNER/LANDLORD AND PREVIOUS AND FUTURE OWNERS OR MANAGERS FROM ANY LIABILITY FOR PROVIDING WRITTEN OR VERBAL INFORMATION REGARDING THE QUALITY OF TENANCY. APPLICANT ALSO REPRESENTS THAT HE/SHE HAS READ AND UNDERSTOOD THE ENTIRE APPLICATION.

Applicants Signature: _____ **Date:** ____/____/____

Don't forget to include "enlarged" color copy of photo identification with application. An option is to text an image of your I.D. to cell phone listed on this application

Processing Fee of \$50.00 per rental applicant (married couple = \$80) may be paid by check, cashier's check, or money order made payable to: **BELLINGHAM BAY INVESTMENTS LLC**

A Non-Refundable Application Fee of \$_____ Has Been Received.

Date Received: _____ Time Received: _____

By (Initials): _____

**** Payment information must be filled out for each separate application**