

**KITSAP PROPERTY MANAGEMENT
RENTAL APPLICATION**

**Application fees: \$30.00 1st applicant \$15.00 each additional (\$45 for Married
Couples)**

Application fee received by: _____ Amount \$ _____ Date: _____

**PLEASE NOTE! WE ONLY ACCEPT CASHIERS CHECKS OR MONEY-
ORDERS! YOU MUST SUBMIT THIS COMPLETED FORM WITH PAYMENT
OR YOUR APPLICATION WILL NOT BE ACCEPTED!**

Address Applying for: _____

Legal name: _____

Birth date: _____ Social Security Number: _____

Your Home Phone: _____ Work Phone: _____

Pager or Cell Phone: _____ E- Mail Address: _____

Spouse Legal Name: _____

Birth date: _____ Social Security Number: _____

Who Will Live There (Names & Ages) _____

Pets (Number, ages, names & Breed) _____

CURRENT ADDRESS:

_____ CITY _____ STATE _____ ZIP _____

How long have you lived there _____ years _____ months. Own or rent _____

Rental amount \$ _____

Landlord or Mortgage Company _____

Landlord Phone Number: _____ (Work) _____ (Home)

Why are you moving _____

Previous Address:

_____ CITY _____ STATE _____ ZIP _____

How Long _____ Date Vacated: _____ Own or rent _____

Landlord or Mortgage Company: _____ Phone _____

Why did you move? _____

EMPLOYER: _____ Address: _____

Phone: _____ Type of Business: _____

Supervisor: _____ Hire Date: _____

Salary: _____ Month/Year Position: _____

PREVIOUS EMPLOYER: _____ Address: _____

Type of Business: _____ Hire Date: _____ Salary: _____ Month/Year

SPOUSE'S EMPLOYER: _____ Address: _____

Phone: _____ Type of Business: _____

Supervisor: _____ Hire Date: _____
Salary: _____ Month/Year Position: _____
Bank & Branch of Checking: _____ Savings Acct _____

Military Only

Rank: _____ Years in Active Duty: _____ EAOS: _____
Next Transfer Date: _____ Direct Phone Number to CMC: _____

Do you have any other verifiable income _____ How much _____
Source: _____
(Proof must be provided)

Have you or any person named on this application ever been convicted of a violent Crime _____
Have you or your spouse ever: Been Evicted _____ Filed Bankruptcy _____ When _____
Have you ever been asked to move out of a rental _____ If so, why _____

Please list year/make/color and license of all vehicles you will have at this address:

1. _____
2. _____

Local Friend name and phone number: _____ Phone: _____

Relative Name and phone number: _____ Phone: _____

PLEASE READ AND INITIAL EACH SECTION:

In compliance with State & Federal Laws, this is to inform you that an investigation involving the statements made on this form are being initiated.

I / We understand part or all of the application processing fee will be retained by Kitsap Property Management as compensation for these services. X _____ X _____

I / We understand that under NO CIRCUMSTANCES will the application fee be returned or credited to my rent or deposit. X _____ X _____

I We further authorize Kitsap Property Management, Inc., to obtain credit reports, character information, verification of rental history and employment history, as necessary to verify all information put forth in the above referenced application for tenancy. X _____ X _____

I / We further certify that, to the best of my knowledge, all statements on this application are true and correct. I understand that false, fraudulent or misleading information will be grounds for denial of tenancy or subsequent eviction. X _____ X _____

Applicants Signature: _____ Date: _____

Co Applicant Signature: _____ Date: _____

*******If you have any unpaid liens, charge offs, collections or judgments. We cannot rent to you. If you have a bankruptcy that was discharged less than 2 years from today's date. Regardless of circumstances. We cannot rent to you.

In addition you must be able to prove that you meet 3 of the 4 of the following requirements:

1. Income equaling 3 times the monthly rent amount. Verification required.
2. 1 year on your Job (or in the same industry).
3. 1 year of verifiable positive rental history or home ownership with positive credit rating for the mortgage account.
4. Positive established credit accounts with no late payments within the last two years.

Each adult (roommate) has to meet the requirements independently.

BE ADVISED THAT AS LICENSED REAL ESTATE AGENTS, WE REPRESENT THE OWNERS OF THE PROPERTY IN ANY TRANSACTION!

ApplicantsSignature _____

Co Applicant Signature: _____

Date: _____

KITSAP PROPERTY MANAGEMENT
3010 BETHEL RD.
PORT ORCHARD, WA 98366
360-769-3333
360-871-2080 FAX
www.kitsapropertymanagement.net

FAX RENTAL VERIFICATION REQUEST

FAX #: _____ **ATTENTION:** _____

Kitsap Property Management is processing a Rental Application for the following Person (s):

NAME: _____

PROPERTY ADDRESS: _____

CURRENT or PREVIOUS TENANT? _____

MOVE IN DATE: _____ **MOVE OUT:** _____

LEASE? _____ **MO TO MO** _____ **ROOMATES?** _____

LEASE BREAK FEE? _____ **MONIES OWING** _____

HAS PROPERTY NOTICE BEEN GIVEN: _____

#LATES _____ **#NSFS** _____ **#NOISE COMPLAINTS** _____

WOULD YOU RERENT? _____

I (we) authorize Kitsap Property Management, Inc., to obtain credit reports, character information, verification of rental history and employment history, as necessary to verify all information put forth in the above referenced application for tenancy.

APPLICANT: _____ **DATE** _____

CO-APPLICANT: _____ **DATE** _____

Please note signature of applicant allowing us to obtain this information. Your prompt response is greatly appreciated. Thank you for your time. Kitsap Property Management, Inc.

RETURN FAX 360-871-2080

**KITSAP PROPERTY MNGT., INC.
360-769-3333**