



1111 Caroline Street - Port Angeles, WA 98362

Tel. 360-417-2810 • Fax 360-417-9887

E-mail: portangelesrentals@olypen.com

www.portangelesrentals.com

RENTAL CRITERIA

All tenant applications are processed when submitted together with the application fee. Applications are reviewed in the order in which they are submitted. Applicants who are approved will be offered tenancy in the order in which the applications were submitted. Once verification of an approved application is received, the applicant will have 48 hours to execute a pre-lease agreement and a \$500 holding fee. If an applicant fails to meet this time limit, they will no longer be considered first in line for the property.

Screening: All adults over the age of 18 who plan on residing in the residence are required to complete the screening process and qualify as tenants.

Screening Fee: \$39 per applicant over 18 must be submitted with the application. **The fee must be paid in the form of a money order made payable to Call Eleanore – NO CASH can be accepted for this fee, nor can debit or credit cards be accepted.**

Rental History: Our screening service requires rental references and a review of your rental history.

Photo I.D.: We require a copy of a current photo I.D. as part of your application.

Income: As part of the screening process, your income will be verified. We require your income to be three times greater than the monthly rent amount.

Deposits, First & Last Month's Rent: All deposit monies, the first month's, and the last month's rent (if applicable), are due in full prior to occupancy. We do not accept partial payment. Deposits by definition are refundable subject to the terms of the rental agreement.

Fees: May be required on occasion, usually for items like pets and / or cleaning. These monies are not refundable.

Drug Free: Tenants are required to sign an addendum to the rental agreement agreeing to maintain a drug and crime free residence.

Reasons for Denial: Any applicant who has ever been evicted, has ongoing credit issues, has a history of damaging property, has a poor rental reference(s), provides false information, or has been convicted of certain crimes will likely be issued a denial letter.

Submitting Application: You may drop off the application at our office – 1111 Caroline Street, Port Angeles OR if you are submitting from out of the area, please fax us the application (Fax#360-417-9887), copy of the check or money order & copy of applicant's driver's licenses & then mail all originals to 1111 Caroline Street, Port Angeles, WA 98362.

APPLICATION FOR TENANCY

Manager's ✓ List: Visual proof of Driver's License or State I.D. Yes No / Social Security # Yes No

PROPERTY	UNIT / SPACE #	RENT AMT	REQUESTED MOVE-IN DATE

Incomplete or inaccurate information may result in process delay or denial of tenancy. Management reserves the right to refuse to consider this application unless it is filled out completely, dated and signed.

Applicant Name _____ Tel # _____
 Social Security # _____ Date of Birth _____ Driver's License # _____
 Have you ever used any other name? (former name, etc.) _____

All others to occupy unit: (Management reserves the right to limit the number of occupants.)
 Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____
 Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____

Current Address _____ City _____ State _____ Zip _____
 Name of Property _____ Unit / Apt # _____ Rent Amt \$ _____
 Landlord Name _____ Dates of Residency From _____ To _____
 Landlord / Property Tel # _____ Rent / Own / Lease / Other _____
 Previous Address _____ City _____ State _____ Zip _____
 Name of Property _____ Unit / Apt # _____ Rent Amt \$ _____
 Landlord Name _____ Dates of Residency From _____ To _____
 Landlord / Property Tel # _____ Rent / Own / Lease / Other _____

Current Employer _____ Previous Employer _____
 Address _____ Address _____
 Occupation/Title _____ Occupation/Title _____
 Full-time / Part-time / On-Call / Other _____ Full-time / Part-time / On-Call / Other _____
 How Long? _____ Wage \$ _____ per Hr / Mo Contact _____ Tel # _____
 Contact (Supv) _____ Tel # _____ Reason for Leaving _____

Bank (Checking) _____ Account # _____ Tel # _____
 Bank (Savings) _____ Account # _____ Tel # _____

List All Pets to Occupy the Premises: _____
 Have you ever ---
 Filed Bankruptcy? Yes _____ No _____ Comments: _____
 Broken a Rental Contract? Yes _____ No _____ Comments: _____
 Been Sued for Non-Payment of Rent
 or Damage to a Rental Property? Yes _____ No _____ Comments: _____
 Been Evicted? Yes _____ No _____ Comments: _____
 Been Convicted of a Criminal Offense? Yes _____ No _____ Comments: _____
 Felony? Yes _____ No _____ County / State / Year _____

Vehicles (Year/Make/Lic #) 1) _____ 2) _____
 Notify in Case of Emergency:
 Name: _____ Address: _____
 Relationship _____ Tel # _____

TENANT SCREENING NOTICES:
 In compliance with the Fair Credit Reporting Act and RCW 59.18.257, this is to inform you that a credit investigation involving the statements made on this application for tenancy is being initiated. If you are denied tenancy due to your credit report, you may obtain a free copy of your report from the bureau it was obtained from Equifax, Experian or TransUnion within 60 days of denial. You also have the right to dispute the accuracy of the credit report and/or add a consumer statement to the report. Call Eleanore Screening Services 1-800-945-4168.

I/We certify that to the best of my/our knowledge, all statements made on this application for tenancy are true and complete. I/We further authorize _____ and/or Call Eleanore Screening Services to obtain credit reports, character reports, civil and/or criminal records, tenant history, employment and income verification, bank information and any other type of information needed to verify all the information put forth in this application or information that would reflect upon my/our desirability as a tenant. I/We are aware that an incomplete application causes a delay in processing and may result in denial of tenancy. I/We understand that false, fraudulent or misleading information may be grounds for denial of tenancy and/or forfeiture of my rental or lease agreement.

Date: _____ Applicant's Signature _____

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: "CALL ELEANORE"
REMIT APPLICATION TO: JAMES & ASSOCIATES, INC
1111 CAROLINE ST.
PORT ANGELES, WA 98362