**Steps to apply for housing:**

1. Fill out a Rental Application form,

2. Send $**49.00** cashier’s check, money order, or webpaying with PayPal for a credit check , payable to ***NFT Enterprises, Inc.***

3. Fax, Mail or Email your application to Support@nwrenting.com

4. Your application will be processed within 24 hours. Confirmation messages will be made throughout the process.

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| **Apartment**  **P.O. Box 25298**  **Seattle, WA 98165**  [**www.nwrenting.com**](http://www.nwrenting.com) | | RENTAL APPLICATION *NFT Enterprises, Inc. complies with all Fair Housing laws, and does not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin*.  Each Co-Resident Or Co-Signer Must Submit A Separate Application Please Print Using Black or Blue Ink | | | | | | | | | | | | | | | | | | | | | Fair Housing Logo |
| Apartment # | **Email (PRINT)** | | | | | | | | | | | Move In Date | | | | | Rental Amount $ | | | | | | Deposit Amount $ |
| Applicant’s Name (Last, First, Middle) | | | | | | | | | | | | Birth Date (MM-DD-YY)  \_ \_ | | | | | Driver’s License # and State Issued | | | | | | |
| Spouse’s Name (Last, First, Middle) | | | | | | | | | | | | Birth Date (MM-DD-YY)  \_ \_ | | | | | Driver’s License # and State Issued | | | | | | |
| Martial Status  Single Married Separated Widowed | | | | | | Applicant’s Social Security # | | | | | | | Spouse’s Social Security # | | | | | | | | | # Occupants | |
| Residence History | | | | | | | | | | | | | | | | | | | | | | | |
| Present Address | | | | | | Apt # | | | City | | | | | | | | State | | | Zip | | | |
| **Phone**  ( ) | | | Own Rent | | | | | | Rent Amount$ | | | | | Move In Date | | | | | | Move Out Date | | | |
| Present Landlord / Mortgage Company / Apartment Community | | | | | | | | | Present Landlord Phone # (Include Area Code)  ( ) | | | | | | | | | | |  | | | |
| Previous Address | | | | | | | | Apt # | City | | | | | | | | | State | | Zip | | | |
| Own Rent | | Rent Amount$ | | | Move In Date | | | | Move Out Date | | | | | | Spouse’s Address (If Different) | | | | | | | | |
| Previous Landlord / Mortgage Company / Apartment Community | | | | | | | | | Previous Landlord Phone # (Include Area Code)  ( ) | | | | | | | | | | | Verified | | | |
| Employment History | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Present Employer | | | | Phone  ( ) | | | | | | | | | | | | Supervisor | | | | | | | |
| Address (Include City, St, Zip) | | | | | | Position | | | | | Monthly Income | | | | | Hire Date | | | | | End Date | | |
| Applicant Previous Employer | | | | Phone  ( ) | | | | | | | | | | | | Supervisor | | | | | | | |
| Address (Include City, St, Zip) | | | | | | Position | | | | | Monthly Income | | | | | Hire Date | | | | | End Date | | |
|  | | | | | |  | | | | |  | | | | |  | | | | |  | | |
| Spouse’s Previous Employer | | | | Phone  ( ) | | | | | | | | | | | | Supervisor | | | | | | | |
| Address (Include City, St, Zip) | | | | | | Position | | | | | Monthly Income | | | | | Hire Date | | | | | End Date | | |
| Additional Income  Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional income such as child support, alimony, or separate maintenance need not  be disclosed ***unless*** such additional income is to be included for qualification hereunder. Amount of $\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | Verified |
| Credit and Loan References | | | | | | | | | | | | | | | | | | | | | | | |
| Auto #1 | | | | | | | | | | License # | | | | | | | | | State | | | | |
| Financed Through | | | | | | | | | |  | | | | | | | | | Monthly Payment | | | | |
| Other Loans | | | | | | | | | | | | | | | | | | | | | | | |
| Financed Through | | | | | | | | | |  | | | | | | | | | Monthly Payment | | | | |
| American Express Visa Mastercard | | | | | | | Exp Date | | |  | | | | | | | | | Verified | | | | |

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| Personal Data | | | | | |
| In Case of Emergency Contact: | | Work Phone  ( ) | | | Home Phone  ( ) |
| Above person is is not authorized to remove and/or store contents of dwelling/mailbox in the event of serious illness or death of resident. | | | | | |
| Personal Reference Name Address Phone # (Incl. Area Code) | | | | | |
| Have you or your spouse ever          Been Evicted? Yes No | Broken a rental agreement? Yes No | | | Been convicted of a felony? Yes No | |
| Been convicted of a          drug related crime? Yes No | Are you or your spouse a  Registered Sex Offender? Yes No | | | If yes, what state? | |
| Will you or the          other occupants have a pet? Yes No | | | | | |
| List all other occupants who will not sign lease (minor children, etc.) | |  |  | | |
| Name | | Age | Relationship | | |
| Name | | Age | Relationship | | |
| List all vehicles to be parked on the premises by applicant, spouse, or children. (cars, trucks, recreational vehicles, motorcycles, boats, etc.) | | | | | |
| Type of Vehicle | | Year | License | | State |
| How did you hear of this Apartment Community? | | What attracted you to this Apartment Community? | | | |
| Why are you leaving your present residence? | | | | | |

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| The undersigned applicants(s) represent that all the above statements are true and complete and hereby authorize verification of such information. Further, false information given above shall entitle apartment community/owner to (1) Reject this application, and (2) Terminate applicant(s) subsequent right of occupancy. Applicant(s) authorize Affiliated Information Resources, Inc.to obtain a credit report and criminal background check, and to verify all information listed above. Any information contained herein will be used, should an eviction or collection action become necessary, as well as additional up to date credit reports and criminal background checks be necessary. Applicant(s) will be responsible for the payment of these additional reports and documents.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date Application Fee **(non-refundable)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant’s Spouse Date Application Fee/**Holding Deposit** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co- Applicant Date |