**Steps to apply:**

1. Fill out a Lease Application form, submit **2**  recent years of Tax returns, and **3** months of Bank statements.

2. Send $**50.00** cashier’s check, money order, or webpaying to Tlakes for a credit check***. Call for details.***

3. Fax, Mail or Email your documents 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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| **Retail**  **Commercial lease**  **P.O. Box 25298**  **Seattle, WA 98165**  [**www.NWrenting.com**](http://www.nwrenting.com) | | LEASE 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-Partner Or Co-Signer Must Submit A Separate Application Please Print Using Black or Blue Ink | | | | | | | | | | | | | | | | | | | | | Fair Housing Logo |
| Suite # | **Email (PRINT)** | | | | | | | | | | | Estimate OPEN Date | | | | | Rental Lease 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 | | | | | | |
| Marital 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 | | | | | | | | | 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 | | | | | | | | | 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, kitchen shared of water usage, parking shared . 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 applicant. | | | | | |
| Personal Reference Name Address Phone # (Incl. Area Code) | | | | | |
| Have you or your spouse ever          Been Evicted? Yes No | Broken a business 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? | |
| Have you or the          Your spouse filed bankruptcy ? 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 Business Opportunity? | | What attracted you to this Business Site? | | | |
| What is your planning to do with this Business Site? | | | | | |

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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 |