

**\*!!!!PLEASE USE ONLY BLUE INK!!!!\***

**For Office Use Only:** Application Process Given: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_ R #: \_\_\_\_\_

**Check One:** Credit Report \_\_\_ Mini Report \_\_\_ Killer Whale Report \_\_\_ Non-Refundable Screening Fee: \_\_\_\_\_

**T.J. GUYER, INC. RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION**

Rental Address Desired: \_\_\_\_\_ Rent Amount \_\_\_\_\_

Applicant's Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN# \_\_\_\_\_ DL#/State issued: \_\_\_\_\_

Tel# \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Occupant's Name, Age & Relationship: \_\_\_\_\_

√ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

**CURRENT ADDRESS (Required Entry)**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_  
How Long (Mo/Da/Yr) From \_\_\_\_\_ To \_\_\_\_\_  
Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_  
Landlord/Mgmt Co. \_\_\_\_\_  
Address \_\_\_\_\_  
Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_

**PRIOR ADDRESS (Required Entry)**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_  
How Long (Mo/Da/Yr) From \_\_\_\_\_ To \_\_\_\_\_  
Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_  
Landlord/Mgmt. Co \_\_\_\_\_  
Address \_\_\_\_\_  
Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_

√ **Current Employer** \_\_\_\_\_ Tel# \_\_\_\_\_ Supervisor \_\_\_\_\_

Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

√ Additional Income (Interest, Child Support, Etc) \_\_\_\_\_

√ Pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number, size, and type(s) \_\_\_\_\_

√ Disability status and require special accommodations? \_\_\_\_\_

√ Case Worker Name and Contact Information: \_\_\_\_\_

**HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:**

Ever been evicted or refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_ Ever been Charged or Convicted of a Crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? \_\_\_\_\_

When? \_\_\_\_\_

Ever used any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list name(s) \_\_\_\_\_

Are you or any other household member a Registered or Unregistered Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or any other household member currently using any illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other household member ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Auto/Year/Make/Lic#: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

**THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER**



Phone #: (360) 748-4683  
Fax #: (360) 748-8319

**T. J. Guyer, Inc.**

LION Investigations, Inc.  
Phone: 360-588-1633/800-341-0022  
Fax: 360-588-1189/800-522-6722



Addendum (A) to Application for Tenancy

**LETTER OF AUTHORIZATION**

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by LION Investigations, Inc., 360-588-1633, PO Box 277, Anacortes, WA 98221. I certify that to the best of my knowledge all statements are “true & complete”. I further authorize LION Investigations, Inc. and T.J. Guyer, Inc. to obtain **EMPLOYMENT REFERENCES (including verifying salary), COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, and RENTAL REFERENCES** as needed to verify all information put forth on this application. **INVESTIGATIVE FEE IS NON-REFUNDABLE.**

\_\_\_\_\_  
Applicant’s Name (please print)

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Manager’s/Assistant Manager’s Signature



## CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

ADDRESS INFORMATION				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone (      )	Fax (      )			
Night Phone (      )	Email:			

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT**, as necessary for application of tenancy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date