

M.H. Zoller Co., LLC
10637 NE Coxley Dr. Ste. 201 Vancouver, WA 98662
Mailing Address: PO Box 288 Washougal, WA 98671
Office #360-693-6167 Fax #360-693-2450

RENTAL APPLICATION

Non-Refundable Application Fee \$ _____
Subject Property: _____ Requested Move In Date: ___/___/___

Lease Option w/ Fee Lease Option w/o Fee 12 Month Lease Other

Applicant #1 _____ Soc. Sec. # ____ - ____ - ____ DOB: ___/___/___

Applicant #2 _____ Soc. Sec. # ____ - ____ - ____ DOB: ___/___/___

Driver's Licenses: App. #1 _____ App. #2 _____

Home Phone #1: _____ Cell #: _____ Work # _____

Home Phone #2: _____ Cell #: _____ Work # _____

Email Applicant #1: _____ Email Applicant #2: _____

of Occupants: ___ Children (name & age): _____

Pets (type, age & weight): _____

of Vehicles: ___ Make of Vehicles _____

of Boats, RV's, & Trailers that will be stored on site: _____

Current Address: _____ City, State & Zip: _____

I/We currently Own or Rent this home. (If you own please include mortgage payment below.)

Mo. Rent: \$ _____ Move In Date (approximate Month & Year): ___/___/___

Owner/Manager: _____ Phone #: _____

(This section not needed if at current address for more than 3 years)

Previous Address: _____ City, State & Zip: _____

Mo. Rent: \$ _____ Move In & Out Dates: ___/___/___ to ___/___/___

Owner/Manager: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____ Relation?: _____

Applicant #1

Employer: _____

Phone #: _____

Duration: _____

Income: _____

Applicant #2

Employer: _____

Phone #: _____

Duration: _____

Income: _____

NO PETS OR SMOKING ALLOWED WITHOUT WRITTEN CONSENT OF LANDLORD.

We hereby certify the above information to be true and authorize the M.H. Zoller Co., LLC to conduct an investigative consumer report including information as to the applicant's character, general reputation, personal characteristics, and mode of living. The applicant has a right to a complete and accurate disclosure of the nature and scope of the investigation requested. Usual reports include: Credit, Landlord, Criminal, & Eviction.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

WHEN COMPLETE FAX TO 360-693-2450 OR DELIVER TO THE ADDRESS ABOVE.