Williams Properties, LLC - Rental Application

311 North Yakima Avenue, Suite 101, Tacoma, WA 98403 Phone 253-627-3566, Dax@WilliamsProperties.com www.WilliamsProperties.com

Standard leases are 12-month; 6-month leases available at \$25/month premium. Both automatically go MTM thereafter. A NON-REFUNDABLE HOLDING FEE EQUAL TO 25% OF 1 MONTHS RENT IS REQUIRED TO SECURE ANY UNIT. Holding fee is applied to deposit at time of move-in. Deposit is refundable upon move-out subject to terms of lease.

Once completed & signed, applications may be scanned/photographed & e-mailed to <u>Dax@WilliamsProperties.com</u>, or mailed/delivered to Williams Properties at 311 North Yakima Avenue, Suite 101, Tacoma, WA 98403.

Last:	First:	Middle:	Phone:	
Social Security #:	Birth Date:/	Email:		
Current Address:		City/State:	Zip:	
Landlord:	_ Property Name:	Ot	ffice Phone:	
Employer:	Employer Phone:	Month	nly Income: \$ GROSS / NET	
Job Title:	Hire Date://	Hours per Week:	Job Ending or Seasonal: YES / NO	
Other Income: \$ Source:				
Have you ever been convicted of a felony? YES / NO If yes, what was the nature of the felony? Do you have any pending criminal charges? YES / NO Are you now or have you ever been a registered sex offender? YES / NO				
Have you ever been evicted? YES / NO Do you owe any monies to an apartment community or housing? YES / NO				
Have you given legal notice to vacate your current rental property? YES / NO Date Given:/20				
Have you ever rented from Williams Properties? YES / NO Building: Unit: From:/				
To: Deposit \$: Was your deposit refunded, and if not, why: DOB/				
Prospective occupants excluding yourself	(including children)	Name:	DOB//	
Name: DOE	8//	Name:	DOB//	
Name: DOE	8//	Name:	DOB//	
Do you plan on having any Pets? (<i>Circle</i>) CAT / DOG Breed: A \$100 Pet Fee will be deducted from dep	_Weight:lbs.	CAT / DOG Breed:	Weight: lbs. Weight: lbs. Weight: lbs.	
Application for Bldg/Unit:		Rent: \$ Dep	posit \$ Holding-Fee: \$	
Date Rent is to Begin://20	Circle one: <u>Six</u> or	Twelve month lease term w	ith month-to-month thereafter. 6 / 12	
Date Rent is to Begin: //20 Circle one: Six or Twelve month lease term with month-to-month thereafter. 6 / 12 EMERGENCY CONTACT INFORMATION				
Last:	First: Relationship:			
Phone #:/ Address:	one #:/ Address: City/State: Zip:			
Applicant gives Williams Properties the inform information to contact the above named perso of emergency service & that this information i a forwarding address the move-out disposition contact the persons listed above for collection as necessary. Applicant grants permission to swears that the information provided above is or eviction. The non-refundable holding fee m cityoftacoma.org/rentalhousingcode for info discrimination against landlord. Washington S	ns should the need arise. Ter s provided only to assist in c will be sent to their last kno purposes if necessary, &/or Williams Properties to invest truthful to the best of their k nust be paid in order to secur on any enforcement action	nant acknowledges that Landlor ontacting the above named person wn address & Tenant also grant reprocess their screening to loc igate their credit, criminal, renta cnowledge. Any false statement re an apartment and will be crect as relating to property &/or f	d is under no obligation to provide any kind ons. Should the tenant vacate without giving s permission for Landlord or their Agents to ate a current address for collection purposes al, eviction, & background history & hereby s on this application will be cause for denial lited toward the deposit upon move-in. Visit	
Signature:	Drivers Licen	se Number	DL State	
Date: / /20	Email Addres	ss.		