

# NIELS G. NIELSEN SERVICES, Ltd.

## REAL ESTATE-PROPERTY MANAGEMENT

331 Bryan Avenue, Suite #8; Bremerton, WA 98312-4087 (360) 377-4498 FAX: (360) 479-3963

### RENTAL APPLICATION

Address of rental: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Each adult must complete a separate application\*\*** PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**Please List Last 3 Addresses And Landlords:**

CURRENT ADDRESS: \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_ DATES: \_\_\_\_\_

CURRENT LANDLORD \_\_\_\_\_ RENT\$ \_\_\_\_\_ PHONE#: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_ DATES: \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ RENT\$ \_\_\_\_\_ PHONE#: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_ DATES: \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ RENT\$ \_\_\_\_\_ PHONE#: \_\_\_\_\_

**Please List Current Employer(s):**

EMPLOYER NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATES: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_ MO. INCOME:\$ \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATES: \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_ MO. INCOME:\$ \_\_\_\_\_

NAMES OF CHILDREN LIVING WITH YOU: \_\_\_\_\_

PLEASE LIST ANY PETS \_\_\_\_\_ SPAYED OR NEUTERED?: (Y) (N)

AUTO(S): YEAR: \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE \_\_\_\_\_

**Please List All Monthly Credit Payments**

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PYMT.\$ \_\_\_\_\_ BAL\$ \_\_\_\_\_

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PYMT.\$ \_\_\_\_\_ BAL\$ \_\_\_\_\_

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PYMT.\$ \_\_\_\_\_ BAL\$ \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

I VERIFY AND SWEAR ALL INFORMATION LISTED ABOVE IS CURRENT AND ACCURATE. I AUTHORIZE VERIFICATION OF THE ABOVE INFORMATION INCLUDING, BUT NOT LIMITED TO BANK ACCOUNTS, EMPLOYMENT, CHARGE ACCOUNTS, RENTAL HISTORY AND ANY CREDIT INFORMATION DESIRED. I UNDERSTAND THAT THE APPLICATION PROCESSING FEE IS A NON-REFUNDABLE CHARGE FOR PROCESSING MY APPLICATION AND CREDIT REPORT WITH A CREDIT BUREAU, AND AUTHORIZE ANY CREDIT REPORTING AGENCY TO PROVIDE REQUESTED INFORMATION CONCERNING MY CREDIT HISTORY.

**NON-REFUNDABLE APPLICATION SCREENING FEE: \$30.00 each adult**

Money order, cashier's check, or cash (no personal checks)

**\*\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_