

***MA Lightbody Holdings LLC***  
***RENTAL APPLICATION***

Landlord:

MA Lightbody Holdings, LLC  
1111 East Pickering Rd.  
SHELTON, Washington 98584

This Application is made to rent:

Rental House 1 (Lake House)  
1113 East Pickering Rd.  
Shelton, Washington 98584

for a term of: Six Months

Desired date of occupancy: \_\_\_\_\_

Desired length of occupancy: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

The rent shall be **\$2,200.00** per month, payable in advance.

The following deposits are required:

- Refundable Security deposit of \$1,000.00
- Pet deposit of \$\_\_\_\_\_ (\$500 per pet)

The total amount of \$\_\_\_\_\_ shall be due upon signature of the rental agreement.

The Applicant understands that the Landlord will perform a credit check to verify the Applicant's credit references and credit history in connection with the processing of this Rental Application.

A credit report fee of \$45.00 is due with this application.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

No. of occupants:      Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Water bed:              Yes \_\_\_\_\_ No \_\_\_\_\_

Smokers:                Yes \_\_\_\_\_ No \_\_\_\_\_

Pets:                    Yes \_\_\_\_\_ No \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_  
Current rent payment: \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_

How long at prior address: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_  
Rent payment: \_\_\_\_\_  
  
Reason for moving: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License No. : \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License No.: \_\_\_\_\_

**SOURCES OF INCOME:**

Wages	\$ _____
Salary	\$ _____
Commission	\$ _____
Tips	\$ _____
Gov't assistance	\$ _____
Child support/Alimony	\$ _____
Other	\$ _____

**CURRENT EMPLOYER:**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ How long: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Annual Income: \_\_\_\_\_

**PRIOR EMPLOYER (if less than five years):**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ How long: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Annual Income: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

BANK REFERENCES:

Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account No.: \_\_\_\_\_

Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account No.: \_\_\_\_\_

CREDIT REFERENCES:

Credit Card Name: \_\_\_\_\_  
Issuing Bank: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Credit limit: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Year Issued: \_\_\_\_\_

Credit Card Name: \_\_\_\_\_  
Issuing Bank: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Credit limit : \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Year Issued: \_\_\_\_\_

Have you ever been evicted from any rental Premises?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever willfully and intentionally refused to pay rent when due?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are there any circumstances which may interrupt your income or ability to pay rent?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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IF A SECOND UNRELATED ADULT WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE A SEPARATE RENTAL APPLICATION FORM.

Please provide names of other tenants, including children and anyone who will live with you, even if on a temporary basis.

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
How long at present address: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Adult: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Occupation: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
How long at present address: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Adult: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Occupation: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
How long at present address: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Adult: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Occupation: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
How long at present address: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Adult: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Occupation: \_\_\_\_\_ School: \_\_\_\_\_

PETS:

Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Size: \_\_\_\_\_

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_

Size: \_\_\_\_\_

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

I represent that the information provided in this Application is true and correct to the best of my knowledge. Mary A Lightbody is authorized to verify the references and employment information given in this Application and to request a credit check. I acknowledge receipt of a copy of this application.

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Co-Applicant's Signature      Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant(s) may be used by Mary A Lightbody to determine whether to accept this Application. Upon written request within 60 days, Mary A Lightbody will disclose to the Applicant in writing the nature and scope of any investigation Mary A Lightbody has requested, and will, if the Application is refused, state in writing the reason for said refusal.

Accepted: \_\_\_\_\_ Refused: \_\_\_\_\_

By: \_\_\_\_\_