

Lacamas Property Management, LLC – RENTAL APPLICATION

82 Washougal River Rd. Suite #111 Washougal, WA 98671 / Mailing Address: PO Box 288 Washougal, WA 98671
Office #360-835-1031 Mobile #360-901-4074

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

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: ___ (Names for those under 18yrs old): _____

Animals (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 #: _____ Email: _____

(This section not needed if at current address for more than 4 years)

Previous Address: _____ City, State & Zip: _____

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

Owner/Manager: _____ Phone #: _____ Email: _____

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 Lacamas Property Management 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. We received a copy of the LPM Screening Criteria.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

LPM does not currently accept reusable comprehensive screening reports or other similar products also known as Portable Tenant Screening Reports.

**WHEN COMPLETE DELIVER TO THE ADDRESS ABOVE, OR EMAIL TO
CHAD@LACAMASPM.COM.**