HARBORLANDS CO / MONTECITO, FRIDAY HARBOR
RENTAL APPLICATION

CO-TENANTS OTHER THAN SPOUSE: USE SEPARATE APPLICATION

UNIT # _____ Monthly Rent $_____ Move in Date_____ Email: _____

Applicant Name first:_____ full middle:_____ last:_____ Phone#_____

Date of Birth _____ DL# _____ SSN#_____

Spouse Name first:_____ full middle:_____ last:_____ Phone#_____

Date of Birth _____ DL# _____ SSN#_____

Other Occupant's Name & Relationship _____

Pets? No _____ Yes _____ If Yes, number, size, type(s) _____

Please complete every item on application. Incomplete or inaccurate information may result in delay or denial of tenancy.

<table>
<tr><td>

CURRENT ADDRESS (required)

Street _____

City _____ State ____ Zip _____

From Date _____ To Date_____ (mm/dd/yy)

Monthly Amt $_____ Rent/Lease/Own

Landlord/Mortgage Co. _____

Address _____

Phone# _____

</td><td>

PRIOR ADDRESS (required)

Street _____

City _____ State ____ Zip _____

From Date _____ To Date_____ (mm/dd/yy)

Monthly Amt $_____ Rent/Lease/Own

Landlord/Mortgage Co. _____

Address _____

Phone# _____

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Current Employer _____ Phone# _____ Supervisor _____

Department/Attached to _____ Title/Rank _____

Hire Date _____ Monthly Salary _____ FT _____ PT _____

Address _____ City _____ State _____ Zip _____

Prior Employer _____ Phone# _____ Supervisor _____

Termination Date _____ Reason for Leaving _____

Spouse's Employer _____ Phone# _____ Supervisor _____

Department/Attached to _____ Title/Rank _____

Hire Date _____ Monthly Salary _____ FT _____ PT _____

Address _____ City _____ State _____ Zip _____

Are you a full-time student? No ____ Yes ____ Do you require special accommodations? _____

Additional Income/Child Support/Etc _____

Bank Name _____ Acct# _____ Branch _____ Phone _____

Have you ever used any other name? No ____ Yes _____ If yes, Name(s) _____

Do you or any other occupant smoke? No ____ Yes _____ Have you ever been convicted of a crime? No ____ Yes ____

Have you ever been evicted? No ____ Yes ____ Refused to pay rent? No ____ Yes ____ Filed Bankruptcy No___Yes ____

Auto 1: Year _____ Make _____ License Plate # _____ State _____

Auto 2: Year _____ Make _____ License Plate # _____ State _____

Local Contact Name _____ Address _____ Phone _____

Nearest Relative Name _____ Address _____ Phone _____