From: Olympic Group Fax: +1 (888) 808-2774 To: Fax: +1 (877) 633-4929 Page 1 of 1 8/17/2010 9:06

## OLYMPIC VIEW GROUP, INC. RENTAL APPLICATION

5

Applicant Must have 3 (three) times the amount of rent in verifiable income

## \$50.00 NON-REFUNDABLE APPLICATION FEE PER PERSON

| TITE COR           | Lemma  |  | de PPD  | S.S.#  | <u> </u>  |   |  |
|--------------------|--|--|---|--|---|---|--|
| FIRST              | MIDDLE   |  | ST  |  |   |   |  |
|                    |  |  |   |  | TEL. #  |   |  |
| VISUAL PROOF OF DR | IVER'S LICENSE AN  | D S.S NUMBER?  | YESNO   |  |   |   |  |
| FIRST              | MIDDLE   | I  | AST   | S.S #_   | <u> </u>  | <u> </u>  |  |
|                    | В  | IRTHDATE   |   |  | TEL. #  |   |  |
| GENCY: NAME        |  |  | RELATIONSE  | -ПР  | TEL #   |   |  |
| NAME               |  |  |   |  |   |   |  |
| NVICTED OF A CRIM  | INAL OFFENSE?  | _FILED BANKR   | UPTCY7BEE   | N EVICTED:   |   |   |  |
|                    |  |  | CITY_   |  | STATE_  | ZIP   |  |
|                    |  |  | _APT #  | LAND   | LANDLORD TEL. #                                       |   |  |
|                    |  |  | FROM  | TO   | AMT.  | OF RENT \$  |  |
|                    |  |  | CITY  |  | STATE   | ZIP   |  |
|                    |  |  | APT. #  | LAN  | DLORD TEL. #  |   |  |
|                    |  |  | FROM  | TO   | AMT. O  | F RENT \$   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  |   |  | TEL. #  |   |  |
| ADDRESS            |  |  | CITY/STATE  |  |   |   |  |
| SUPERVISER         | SUPERVISER   |  |   | MONTHLY SALARY \$  |   |   |  |
|                    |  |  | TEL» #  |  |   |   |  |
| ADDRESS            |  |  | CITY/STATE  |  |   |   |  |
| SUPERVISER         |  |  |   | MON  | THLY SALARY \$_                                       |   |  |
|                    |  |  |   |  | TEL. #  |   |  |
| ADDRESS            |  |  | CITY/STATE  |  |   |   |  |
| SUPERVISER         |  |  | MONTHLY SALARY \$   |  |   |   |  |
|                    | coments  | C LOCT #   |   | 6137   | TOP LOCE #  |   |  |
|                    |  |  |   |  |   |   |  |
|                    | CHECKIN  | GACC1.#  |   | SAVI   | NGS ACCI.#  |   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  | STATE   |  | LICENSE PLATE   | 1   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  |   |  |   |   |  |
|                    |  |  | AGE   | RELATION   | NSHIP   |   |  |
|                    |  |  |   |  |   |   |  |
| BY                 | T  | YPE OF PETS_   |   | MN   | GR. APPROVAL  |   |  |
| THIS               | APPLICATION N  | MUST BE COM  | PLETED IN FU  | JLL AND M  | IUST INCLUDE  | SIGNATURE   | S  |
|                    | VISUAL PROOF OF DR FIRST  GENCY: NAME NAME NVICTED OF A CRIMI SUPERVISER SUPERVISER  SUPERVISER  BY  EMISES ARE LEASED I  BY | VISUAL PROOF OF DRIVER'S LICENSE AN  FIRST MIDDLE  GENCY: NAME  NAME  NAME  NVICTED OF A CRIMINAL OFFENSE?  ADDRESS  SUPERVISER  ADDRESS  SUPERVISER  ADDRESS  SUPERVISER  CHECKIN  CHECKIN  CHECKIN  YEAR  YEAR  YEAR  YEAR  MEBERS WHO WILL LIVE IN RENTED PI  MEBERS WHO WILL LIVE IN RENTED PI  MEBERS ARE LEASED FOR A TERM OF  BY  T | VISUAL PROOF OF DRIVER'S LICENSE AND S.S NUMBER?  FIRST MIDDLE I BIRTHDATE GENCY: NAME NAME NVICTED OF A CRIMINAL OFFENSE? FILED BANKR!  ADDRESS SUPERVISER ADDRESS SUPERVISER ADDRESS SUPERVISER CHECKING ACCT. # CHECKINGACCT. #  YEAR COLOR YEAR COLOR YEAR COLOR MEBERS WHO WILL LIVE IN RENTED PREMISES:  EMISES ARE LEASED FOR A TERM OF MONTH(S.BY TYPE OF PETS THIS APPLICATION MUST BE COM | VISUAL PROOF OF DRIVER'S LICENSE AND S.S NUMBER?YESNO  FIRST MIDDLE LAST | VISUAL PROOF OF DRIVER'S LICENSE AND S.S NUMBER?YESNO | VISUAL PROOF OF DRIVER'S LICENSE AND S. S NUMBER?YESNO  FIRST | VISUAL PROOF OF DRIVER'S LICENSE AND S.S NUMBER? |

INVE UNDERSTAND THAT ALL INFORMATION LISTED ON THIS APPLICATION IS TRUE AND ACCURATE AND UNDERSTAND THAT ANY INFORMATION FOUND TO BE FALSE MAY BE GROUNDS FOR REJECTION OF OCCUPANCY, I'WE AUTHORIZE YOU OR EQUIFAX SERVICES, P.O BOX 105835, ATLANTA GA 30348 TO CONDUCT AN EMPLOYMENT/CREDIT CHECK OR ANY OTHER SOURCES REQUIRED CONCERNING MY/OUR APPLICATION AND TO VERIFY ALL REFERENCES. I'WE FULLY UNDERSTAND AND AGREE TO THE ABOVE TERMS. I'WE UNDERSTAND AND I'WE ACQUIRE NO RIGHTS IN A RENTAL UNTIL I'WE SIGN THIS AGREEMENT. UPON APPROVAL OF THIS AND THE SIGNING OF AN RENTAL AGREEMENT,

APPLICANT'S SIGNATURE \_\_\_\_\_\_CO-APPLICANT'S SIGNATURE

Mail: 2637 12th Court S.W. Olympia, WA 98502 FAX: 877-633-4929 Phone Number: 426-4988