

# SHIRE PROPERTIES, LLC

6359 Illahee Road Bremerton, WA 98311

www.ShireProperties.net / Info@ShireProperties.net / 360.979.8007

Rental Property: 6406 Gentile Lane, N.E., Bremerton, WA, 98311

Rent: \$1600.00 Refundable Deposit: \$1500.00 Term: One Year Move In Credit: \$200.00

PLEASE PRINT CLEARLY – ILLEGIBLE OR INCOMPLETE APPLICATION MAY CAUSE DELAY OR AUTOMATIC DENIAL OF APPLICATION  
IF NOT LEAGALLY MARRIED, YOU MUST COMPLETE A SEPARATE APPLICATION

Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Name \_\_\_\_\_ M. Initial \_\_\_\_\_ Drivers License# \_\_\_\_\_ State \_\_\_\_\_  
**Applicant Current Contact Phone** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### Spouse

Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Name \_\_\_\_\_ M. Initial \_\_\_\_\_ Drivers License# \_\_\_\_\_ State \_\_\_\_\_  
**Applicant Current Contact Phone** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

### Current Employer

Supervisors Name \_\_\_\_\_  
Position Held \_\_\_\_\_ How Long \_\_\_\_\_  
Salary per week \$ \_\_\_\_\_ || Rate/Hr \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

### Spouse Current Employer

Supervisors Name \_\_\_\_\_  
Position Held \_\_\_\_\_ How Long \_\_\_\_\_  
Salary per week \$ \_\_\_\_\_ || Rate/Hr \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

### Current Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_ County \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ How Long \_\_\_\_\_  
Current Landlord Name \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

### Previous Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_ County \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ How Long \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

### Other persons to occupy rental property:

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_

### Name of Authorized Person to remove personal items in the event of death, long term hospital admission or for any unavoidable long term absences.

Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
**Spouse** Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Relative Name: \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Relative Name: \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Account names only - DO NOT put account numbers

Car Loan _____	Monthly Payments _____	Car Loan _____	Monthly Payments _____
Bank Loan _____	Monthly Payments _____	Mobile Phone _____	Monthly Payments _____
Bank Loan _____	Monthly Payments _____	Mobile Phone _____	Monthly Payments _____
Car Insurance _____	Monthly Payments _____	Fuel for vehicle _____	Monthly Expense _____
Car Insurance _____	Monthly Payments _____	Fuel for vehicle _____	Monthly Expense _____
Credit Card _____	Monthly Payments _____	Bank Account Institution Checking _____	
Credit Card _____	Monthly Payments _____	Bank Account Institution Checking _____	

Ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_ Ever been asked to vacate? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
Do you presently owe any property management or landlord money? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes Where \_\_\_\_\_ How much \_\_\_\_\_  
Have you or any other applicant have any credit accounts in collections or filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ What \_\_\_\_\_  
Have you or any applicant been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
Are you or any other applicant or prospective occupant required to registered as Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Part Two: Please Answer The Following**

**How Did You Hear About Us**

- Tobacco:** Non Smokers. This is a non-smoking property.  
**Are there any Tobacco Smoker/Users going to reside on the premises??** (Must Check One) YES \_\_\_ NO \_\_\_  
 If yes print name \_\_\_\_\_
- Cannabis use and Cannabis paraphernalia not permitted on the Property at anytime:**  
**Are there any Cannabis Users going to reside on the premises?** (Must Check One) YES \_\_\_ NO \_\_\_  
**Will there be any Cannabis paraphernalia of any kind brought on the property?** (Must Check One) YES \_\_\_ NO \_\_\_
- Pets:** No animals are permitted on the property without pre approved written authorization.  
**Are there any animals owners applying for Rental?** (Must Check One) YES \_\_\_ NO \_\_\_  
 Type Breed \_\_\_\_\_ Weight \_\_\_\_\_ lbs Type Breed \_\_\_\_\_ Weight \_\_\_\_\_ lbs  
**Do you intend to get animals? If yes, what Kind/Type/Breed** \_\_\_\_\_ (Must Check One) YES \_\_\_ NO \_\_\_
- Email communication and Rent Payments:**  
**Are you willing to communicate with electronic documents, and email. Pay rent within Zelle banking network, BofA to BofA or NFCU to NFCU direct transfer, or make walk in counter deposits?** (Must Check One) YES \_\_\_ NO \_\_\_
- Vehicles:** No more than **Two** vehicles. What are the expected vehicles to be parked on the property?  
 Vehicle 1: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ Car Insurance \_\_\_\_\_ Monthly Pmt \_\_\_\_\_  
 Vehicle 2: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ Car Insurance \_\_\_\_\_ Monthly Pmt \_\_\_\_\_
- Do you foresee any changes in income or employment within the next 12 months? (Must Check One) YES \_\_\_ NO \_\_\_  
 If yes, **Income and/or employment** \_\_\_\_\_ **When** \_\_\_\_\_
- Tenant shares cutting back yard grass. (Must Check One) YES \_\_\_ NO \_\_\_
- Do you own a lawnmower to cut the grass?** (Must Check One) YES \_\_\_ NO \_\_\_
- Refrigerator in home but will not replace upon failure. Refrigerator not included in rent.

**UNIT HOLDING DEPOSIT:** Accepted applicants will be required to sign a **Holding Deposit Agreement** and pay a **Rental Holding Deposit** for the amount as stated on this application to our office within 24 Hours of approval. Until the **Holding Deposit Agreement and Unit Holding Deposit** is received, Landlord will continue to market the property to prospective tenants. **Only BofA to BofA, NFCU to NFCU, Bank to Bank direct transfer within the Zelle exchange network or walk in counter cash deposit** is required for the Rental Holding Deposit and all Move - In funds. The **Rental Holding Deposit** will be applied towards the Refundable Deposit upon completion of signing the rental agreement and taking possession of the premises.

**DISCLOSURE & APPLICANT'S AUTHORIZATION AND RELEASE: A CONSUMER REPORT MAY BE PROCURED**

I hereby authorize **Shire Properties, LLC**, its employees, agents, professional investigators, or any representative of **Shire Properties, LLC**, to perform investigations but not limited to my past behavior, character, nationwide criminal history, arrest records, sex offender status, employment records, military records, or other sources of information. Including, but not limited to, the records of my incorporated business. I authorize custodians of my personal records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative **Shire Properties, LLC**. I understand that any or all of these investigations or inquiries can be performed prior to approval of applicant's application for tenancy. I understand that the information requested is for the use by **Shire Properties, LLC** and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. I indemnify, release and hold harmless all former employers, reporting agencies, and all those supplying references, and character references from any and all claims now and forever that resulted in any defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions. I agree all copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me. I believe to the best of my knowledge that all information I have provided on this Rental Application is accurate, true, and correct and that I fully understand the terms of this release.

**Applicant agrees they have viewed the Criteria for Application Approval before submitting this application.**

I certify that to the best of my knowledge all statements made herein are true and correct. I am aware that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. I am also aware that an incomplete application causes a delay in processing and may result in denial of application. I understand that a NON-REFUNDABLE APPLICATION PROCESSING FEE of **\$40.00** for each **Social Security Number** will be charged for processing each applicant of aged eighteen (18) and over. I/we have retained a copy of this application **All Aged Eighteen years and over MUST complete and application**) **Applicant understand that all documents submitted become the property of the Landlord. ALL emailed documents MUST be scanned into a PDF file format - No Exceptions. Any other file format submitted shall result in an automatic denied application. Pictures / I.D. MUST be in color**

**We do not accept Comprehensive Reusable Tenant Screening Reports as defined by and pursuant to RCW 59.18.**

**Submit the following**

- Application**
- Copy of Drivers License or State ID**
- Four most recent months of Pay stubs**
- Application Fee**

Signature of Applicant \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_