

The logo for LAUNCH APARTMENTS features the word "LAUNCH" in a large, bold, black sans-serif font. A red arrow with a blue arrowhead points upwards and to the right, passing through the letters "A", "U", and "N". Below "LAUNCH" is a thick black horizontal line, and underneath that line is the word "APARTMENTS" in a smaller, bold, black sans-serif font.

# LAUNCH

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## APARTMENTS

This resident screening criteria applies to all individuals listed as head-of-household, spouse, co-head-of-household and any/all other adult members of the applicant's household (i.e. 18 years of age or older) who are expected to reside in the unit. An applicant household and/or any additional household member who is proposed to reside in the unit will be refused occupancy for one or more of the following reasons.

1. If the applicant submits false information about themselves or any household member.
2. Poor consumer credit history which may be indicated by the following:
  - a. Any credit history that is an indication of irresponsible behavior indicating potential future payment challenges for the household.
3. Poor prior landlord reference which could be indicated when information from a previous landlord shows the applicant to be:
  - a. AFC client-current/previous, progressive/positive engagement in case management
  - b. Continually late in payment of rent, or one or more late payments within 60 days of application
  - c. A source of conflict with management and/or other residents, or
  - d. Destructive to their apartment or other public areas, or
  - e. In violation of previous lease agreements. Example: a eviction with no repayment plan for money owing a previous landlord

All landlord references will be conducted via telephone with a record kept of statements made indicating date, time and person spoken to. After oral representations are made, a written landlord reference form may be mailed for written verification. In every case, the previous and present landlords will be contacted, and more weight shall be given to the previous landlords' statements.

4. Poor Housekeeping (or failed Health and Safety Check 60 days prior to application), which would be indicated when one or more of the following are noted as part of a landlord reference:
  - a. Habits would/could be detrimental to the property or to other residents, such as poor care of appliances, plumbing fixtures, etc.
  - b. Evidence of negligent dependent care.
  - c. Physical abuse of the facilities.

- d. Any evidence of conduct which may be detrimental to the property. Please note that poor quality or shabby furnishings are not a basis for rejection.
5. Management has established a policy to reject applications in those instances wherein the applicant or any household member has been convicted of certain criminal activities and/or has been released anytime during the prior five (5) years from a prison, penitentiary or jail after serving time for a felony. (\*table attached)  
\*\*In those instances wherein insufficient information is obtained so as to classify the offense, additional information shall be sought until clarification is determined.  
Any sexual/violent felony against a child.
6. If any household member is subject to a lifetime registration requirement under a State sex offender registration program.
7. If any household member has been ever evicted from federally assisted housing for drug-related criminal activity.
8. If any household member is currently engaging in the illegal use of a drug.
9. If management has reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
10. If, in the opinion of management, any household member's abuse or pattern of abuse of alcohol interferes or would interfere with the health, safety or right of peaceful enjoyment of the premises by other residents.
11. If the applicant is under the age of eighteen (18). Applicants under the age of 18 will be processed if they are emancipated in accordance with state law or if state law requires that housing be made available to minors.
12. Any indication that the applicant cannot adequately sustain decent levels of habitability or control of dependents so as to adversely affect the property or other residents.
13. A personal interview and/or information that indicates an unstable or potentially hazardous relationship between the applicant household and other residents.
14. A personal interview and/or information that indicate the applicant or any household member would be a threat to the safety and well-being of the property and/or other residents.
15. A personal interview and/or information that indicate the applicant will be unable to comply with the terms of the lease agreement.

# Application

# LAUNCH APARTMENTS

**With this Application you must return:**

- Photo ID for those 18 years and older
- Social Security verification for all household members.
- Birth certificates for all household members.
- \$50 personal check, cashier's check or money order (Orca report) – provide screening fee only when being screened for an apartment. Fee is not needed to be placed on waitlist.

If you need any assistance with this application, please contact our office at 360-293-2993 ext. 109.

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

Are you currently homeless?    Yes    No

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (if less than 2 years) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

OFFICE USE ONLY

Date rcvd \_\_\_\_\_

Time \_\_\_\_\_

App# \_\_\_\_\_

**Race and Ethnicity information is used for statistical purposes only.**

**Race:** Native American, Pacific Islander, Black, Asian, Alaskan Native, White, or Other

**Ethnicity:** Hispanic, or Non-Hispanic

**Immigration status:** Citizen, resident alien, other



EQUAL HOUSING  
OPPORTUNITY

List all household members who will live in the household starting with head of household, including unborn children with expected due date.

Last, First, M.I.	M/F	Social Security #	DOB	Birthplace State/Country	Relationship	Student Y/N	Race	Ethnicity	Income Source	Gross Monthly Amount
					Head of Household					

**\*\*List additional information, such as income or family members on a separate sheet.**

**The following are types of income and assets that must be reported:**

**Income**

**Assets**

Wages, Tips, Bonuses, Commissions, Salary, etc. (Gross amount before taxes)  
 TANF, GAUX, General Assistance  
 VA Benefits  
 Social Security, SSI, SSDI (Gross Amount)  
 Unemployment  
 Pension or retirement  
 Worker’s Compensation  
 Child Support, Spousal Support  
 Per Capita payments  
 Interest income from bank accounts, investments etc.  
 Income from real estate  
 Contribution from family members or any other income received on a regular basis (this includes regular payments of bills, purchase of products, such as diapers, food etc.)

Checking account(s)  
 Savings account(s)  
 Money market account(s)  
 Pension or annuity  
 Retirement plans i.e., 401k  
 Treasury bills, certificate(s)  
 Stocks/Bonds (NOT retirement)

Does anyone live with you not listed above? Yes  No

If yes, please list name(s) and explain circumstances.

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How did you hear about Launch Apartments? (Friend, newspaper, etc) \_\_\_\_\_

Have any family members been known by any other name? \_\_\_\_\_

List all states in which any family member has resided \_\_\_\_\_

Are you or any other members of your household disabled? (Optional) Yes  No

If yes, which member(s) and are there any special needs/accommodations? \_\_\_\_\_

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***If you (or a family member) have a disability, you may request a reasonable accommodation at any time in the application process or during program participation.***

Are you or any member of your family a student at an Institute of Higher Education? Yes  No

If yes, who \_\_\_\_\_

Has any household member ever been charged with a crime? Yes  No

If yes, who, and please explain \_\_\_\_\_.

Is any household member subject to a lifetime sex offender registration in any state? Yes  No

If yes, who \_\_\_\_\_

***Applicants and tenants (regardless of gender) who are victims of domestic violence, dating violence or stalking are protected under the Violence Against Women Act.***

Do you have a pet? Yes  No

If yes, please describe (cat, dog, fish, etc.) \_\_\_\_\_.

Are you currently living in subsidized housing? Yes  No

If yes, where \_\_\_\_\_.

Do you currently have a Section 8 voucher? Yes  No

BY SIGNING BELOW:

- I/We certify that the information given on this application is accurate and complete to the best of my knowledge and belief.
- I/We understand that false statements or false information are punishable under Federal Law.
- I/We also understand that False Statements or False Information are grounds for termination of housing assistance and termination of tenancy.
- I/We understand that it is my responsibility to provide documentation verifying my circumstances and failure to do so may disqualify my application. I have no objection to any inquiries being made for the purpose of verification and certification of my eligibility for housing assistance.
- **I/We understand that it is my responsibility to keep the Launch Apartments informed of any changes of Address, Phone, Income, or Family composition within 10 days of occurrence in order to keep my application active. Failure to do so may result in the cancellation of my housing application.**

Signature of Head of

Household \_\_\_\_\_

Date \_\_\_\_\_

Signature of Spouse/Other

Adult \_\_\_\_\_

Date \_\_\_\_\_

Signature of Other

Adult \_\_\_\_\_

Date \_\_\_\_\_

**IF WE CANNOT CONTACT YOU AT THE MAILING ADDRESS LISTED ON THIS APPLICATION AND YOU HAVE NOT UPDATED YOUR ADDRESS WITH US, YOU WILL BE REMOVED FROM THE WAITING LIST.**



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: \_\_\_\_\_ Unit # \_\_\_\_\_ Rent Amount \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN# \_\_\_\_\_ DL#/State issued: \_\_\_\_\_

Tel# \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Occupant's Name, Age & Relationship: \_\_\_\_\_

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: \_\_\_Y \_\_\_N

√ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_
How Long (Mo/Da/Yr) From \_\_\_\_\_ To \_\_\_\_\_
Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_
Landlord/Mgmt Co. \_\_\_\_\_
Address \_\_\_\_\_
Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_
E-Mail: \_\_\_\_\_

PRIOR ADDRESS (Required Entry)

Street \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Apt # \_\_\_\_\_ Name of Apts \_\_\_\_\_
How Long (Mo/Da/Yr) From \_\_\_\_\_ To \_\_\_\_\_
Pymts / Rent Pd To \_\_\_\_\_ Amt \_\_\_\_\_
Landlord/Mgmt. Co \_\_\_\_\_
Address \_\_\_\_\_
Tel# \_\_\_\_\_ Rent/Own/Lease \_\_\_\_\_
E-Mail: \_\_\_\_\_

√ Current Employer \_\_\_\_\_ Tel# \_\_\_\_\_ Supervisor \_\_\_\_\_
Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_
Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

√ Prior Employer \_\_\_\_\_ Tel# \_\_\_\_\_
Dept / Attached to \_\_\_\_\_ Occupation \_\_\_\_\_ Rank \_\_\_\_\_
Hire Date \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
Address \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

√ Additional Income (Interest, Child Support, Etc) \_\_\_\_\_
√ Bank \_\_\_\_\_ Acct# \_\_\_\_\_ Branch \_\_\_\_\_ Tel# \_\_\_\_\_
√ Pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number, size, and type(s) \_\_\_\_\_
√ Disability status and require special accommodations? \_\_\_\_\_
√ Are you a fulltime student? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_
When? \_\_\_\_\_

Ever used any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list name(s) \_\_\_\_\_

Are you or any other household member a Registered or Unregistered Sex Offender? Yes \_\_\_\_\_ No \_\_\_\_\_

Ever had bedbugs or any other infestation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of infestation: \_\_\_\_\_

Do you or any other household member smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any other household member filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Auto/Year/Make/Lic#: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Tel# \_\_\_\_\_

Ph #: (360) 293-2993
Fx #: (360) 873-8728

Anacortes Family Center/Launch Apartments

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



## Addendum (A) to Application for Tenancy

### LETTER OF AUTHORIZATION

Revised 9/2017

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., PO Box 277, Anacortes, Washington 98221, 360-588-1633. I certify that to the best of my knowledge all statements are "true and complete". I further authorize ORCA Information, Inc. to obtain Credit Reports, Employment References (including verifying salary), Court Records and Character References, Mode of Living, and Rental References as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application.

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

I also understand Orca Information's role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

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Applicant's Name (please print)

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Applicant's Signature

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Date of Authorization

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Manager's/Assistant Manager's Signature

#### **List All Juvenile Age Occupants 12yrs-17yrs:**

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Full Legal Name	Nickname(s)	Date of Birth
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Full Legal Name	Nickname(s)	Date of Birth
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Full Legal Name	Nickname(s)	Date of Birth
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