Operation Nightwatch Building — Rental Application A low income residence for people over age 62 302 14th Ave. S. Seattle, WA 98144

Name	Last	First	M	iddle	
Age		Date of Birth			
Phone N	Number (If y	ou don't have a phone, please provid	de a contact person and the	ir phone number.)	
Present	Address/ R	tesidence:			
Manager's Name:			Phone:	Phone:	
Reason	for Leaving	g:			
	f your most ocation	t recent residences: Apartm Length of Stay	ent, shelter, etc. Manager's Name	Phone Number	
2. List 3 references: Personal, work-related, therapeutic, or medical Name Relationship Phone					
1. 2. 3.					
Source of	Source of income:		Amount/monthly	Amount/monthly:	
Other sources of income:			Amount/monthly	Amount/monthly:	
Have yo	ou ever bee	n evicted? Yes N	o If so, please exp	lain:	
9. The applicant agrees to allow the release of information from the references listed above and a criminal background check.					
Signatu	re		Date		

Once the application is complete, please e-mail to: marlene@seattlenightwatch.org. If you have any questions call the office at (206) 860-4296. Thank you for your interest.