



JUVENILE CRIMINAL ONLY REPORT REQUEST

Apartment Name: _____ Unit #: _____

Community contact: _____ Community Phone: _____

JUVENILE INFORMATION SECTION

APPLICANT: _____
LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH SOCIAL SECURITY #

CURRENT ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS CITY STATE ZIP

You are advised that a criminal records screening will be conducted on the juvenile that will be residing at the above mentioned apartment community. As the Juvenile's legal guardian, by signing this application you authorize MOCO INC whose address is PO BOX 2826, Seattle WA 98111, to obtain criminal record information as necessary. MOCO INC is authorized to release any information obtained during the screening process to landlord and/or landlord's agent (s). Applicant has the right to dispute the accuracy of information obtained during the screening process.

Has the juvenile entered into a plea of guilty or no contest, or otherwise been convicted of a misdemeanor or felony offense against criminal law; or have been released from prison or other detention facility or are you now under charges (including deferred sentences) for any offense against criminal law. (Omit traffic violations)
_____ NO _____ YES

If yes: City _____ State _____ Offense(s): _____

Has the juvenile ever been convicted of any crime involving the possession, use, sale or manufacture of illegal drugs?
_____ NO _____ YES

If yes: City _____ State _____ Offense(s) _____

Has the juvenile ever or are you currently required by this state or any other state to register as a sex offender?
_____ NO _____ YES

If yes: City _____ State _____ Offense(s) _____

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

I hereby authorize Moco Incorporated to obtain juvenile records on the minor listed above for purposes of qualification for the above mentioned apartment community. I further declare that I am the juvenile's legal guardian.

APPLICANT'S SIGNATURE _____ DATE: _____