

RENTAL APPLICATION to be completed by each ADULT APPLICANT



Verified Driver's License or State I.D. Yes No Co-Signer Add Tenant to Existing Unit

Application Received: _____ Total Number Of Applications Submitted For This Unit? _____ (1 application per adult)

MANAGEMENT COMPANY		COMMUNITY NAME	PROPERTY TELEPHONE	HOW DID YOU HEAR ABOUT US?
MOVE-IN DATE	UNIT #	MONTHLY RENT \$	LEASE TYPE/MONTH DESIRED	PROPERTY CONTACT

No Smoking Allowed (Entire Premises) Smoking Allowed (Entire Premises) Smoking Allowed (Limited Area)

APPLICANT INFORMATION

LAST NAME	FIRST	MIDDLE	DOB	SOCIAL SECURITY #
EMAIL ADDRESS		CELL TELEPHONE NUMBER	CONTACT TELEPHONE NUMBER	

YOUR CURRENT RESIDENCE

STREET ADDRESS		APT #	CITY	STATE	ZIP
HAVE YOU GIVEN LEGAL NOTICE TO VACATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT \$	YOUR EMAIL
LANDLORD/MTG. COMPANY		CITY	STATE	ZIP	LANDLORD DAY PHONE
LANDLORD EVENING PHONE					
ROOMMATE(S) NAME(S)					
REASON FOR VACATING:			HOW DID YOU HEAR ABOUT US?		

YOUR PREVIOUS RESIDENCE

STREET ADDRESS		APT #	CITY	STATE	ZIP
DID YOU GIVE LEGAL NOTICE TO VACATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT \$	TELEPHONE
LANDLORD/MTG. COMPANY		CITY	STATE	ZIP	LANDLORD DAY PHONE
LANDLORD EVENING PHONE					
REASON FOR VACATING:			LIST ALL ROOMMATES:		

EMPLOYMENT / INCOME

CURRENT EMPLOYER	POSITION	TELEPHONE	SUPERVISOR'S NAME	SALARY / MONTH	DATE OF HIRE
PREVIOUS EMPLOYER	POSITION	TELEPHONE	SUPERVISOR'S NAME	SALARY / MONTH	FROM: TO:
ADDITIONAL SOURCES OF MONTHLY INCOME (List all income to be included for qualification): \$ _____ / Month			SOURCE:	TELEPHONE	
BANK NAME	BRANCH	TELEPHONE	CHECKING ACCT #	SAVINGS ACCT #	

EMERGENCY CONTACT

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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ADDITIONAL INFORMATION

LIST ALL VEHICLES TO BE PARKED ON SITE						OTHER OCCUPANTS		
MAKE	MODEL	YEAR	COLOR	LICENSE#	STATE	OCCUPANT NAME		D.O.B.
HAVE YOU ESTABLISHED RETAIL CREDIT? YES <input type="checkbox"/> NO <input type="checkbox"/>						TYPE AND SIZE OF PETS:		
WILL YOU BE MOVING IN ANY OF THE FOLLOWING ITEMS? WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTRUMENT <input type="checkbox"/>						DO YOU HAVE RENTERS INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> Carrier: _____ Policy #: _____		

HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY SUBJECT TO A PENDING EVICTION CASE? IF YES, PROVIDE DATE(S) AND LOCATION(S):
 YES NO

HAVE YOU OR ANY PERSON WHO WILL OCCUPY THE UNIT EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST OR HAVE CURRENT PENDING CHARGES TO ANY FELONY OR MISDEMEANOR?
 YES NO DESCRIBE OFFENSE: _____ DATE OF OFFENSE: _____

ARE YOU OR ANY PERSON WHO WILL OCCUPY THE UNIT A REGISTERED SEX OFFENDER?
 YES NO IF YES, DATE AND LOCATION OF REGISTRATION: _____

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF THE RENTAL AGREEMENT

RENT	DEPOSITS	INSURANCE - OREGON
<p><small>THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.</small></p> <p>UNIT RENT \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p>SECURITY DEPOSIT MINIMUM \$ _____</p> <p>SECURITY DEPOSIT MAXIMUM \$ _____ (DEPENDS ON SCREENING RESULTS AND UNIT SIZE)</p> <p>OTHER _____ \$ _____</p> <p>OTHER _____ \$ _____</p> <p>OTHER _____ \$ _____</p> <p>OTHER _____ \$ _____</p> <p>OTHER _____ \$ _____</p>	<p><input type="checkbox"/> IF CHECKED, INSURANCE WILL BE REQUIRED</p> <p><input type="checkbox"/> IF CHECKED, INSURANCE WILL NOT BE REQUIRED MINIMUM INSURANCE AMOUNT \$ _____ (\$100,000 IF LEFT BLANK)</p> <p>Renter's insurance will not be required if household income is equal to or less than 50 % of the area median income adjusted for family size as measured up to a 5 person family, or if the dwelling unit has been subsidized with public funds (not including Housing Choice Voucher Program vouchers).</p>
APPLICANT'S INITIALS _____	APPLICANT SCREENING CHARGE \$ _____	

GOOD FAITH ESTIMATE
 Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: _____ unit(s).
 Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).
 If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening charge as set forth above. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. Applicant's copy of this signed application and / or email verification shall be the receipt for the screening charge. The screening service is Pacific Screening Inc., P.O. Box 25582, Portland, OR 97298 (503) 297-1941. If the applicant is approved, applicants will have _____ hours from the time of notification to either execute a rental agreement and make all deposits required thereunder or make a deposit to execute a rental agreement (WA: deposit for occupancy) which will provide for the forfeiture of the deposit if applicants fail to execute the rental agreement. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. Owner / Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete. WA Applicants: In the event of a denial or other adverse action, you have a right to obtain a free copy of the consumer report from the screening company or credit reporting agency.

Signed _____ (Applicant) Dated _____

Signed _____ (Agent for Owner) Dated _____