



APPLICATION TO RENT

IN-ORDER TO INSURE PROMPT COMPLETION OF YOUR APPLICATION, PLEASE FILL OUT COMPLETELY.

MANAGEMENT COMPANY		APARTMENT NAME		CONTACT PERSON		COMMUNITY PHONE #		COMPLEX ID	
MOVE IN DATE	RENT \$	LEASE	APARTMENT #						

VISUAL PROOF AND COPY OF IDENTIFICATION

DRIVERS LICENSE OR STATE I.D.	Yes <input type="checkbox"/> No <input type="checkbox"/>	SOCIAL SECURITY CARD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 1

APPLICANT INFORMATION

(All applicants must complete separate applications)

APPLICANT'S Last Name	First	Middle	Date of birth	Drivers License # and State	Social Security #
Number of Total Occupants	Names of Additional Occupants		Dates of birth of Additional Occupants	Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type and size of pet(s) (May require deposits)

SECTION 2

CURRENT RESIDENCE HISTORY

APPLICANT'S Current Address	City	State	Zip	How Long?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	Phone Number () ()	Monthly Payment \$
Name of Present Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other <input type="checkbox"/>	City	State	Zip	Landlord Day Phone () ()	Landlord Night Phone () ()		

SECTION 3

PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address	City	State	Zip	How Long?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	Phone Number () ()	Monthly Payment \$
Name of Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other <input type="checkbox"/>	City	State	Zip	Landlord Day Phone () ()	Landlord Night Phone () ()		
Previous Address #2	City	State	Zip	How Long?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	Phone Number () ()	Monthly Payment \$
Name of Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other <input type="checkbox"/>	City	State	Zip	Landlord Day Phone () ()	Landlord Night Phone () ()		

SECTION 4

EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor's Name/C.O.	How Long? Yrs. Months
Address	City	State	Zip
Phone () ()	Position Held/ Occupation	Monthly Income (Gross)	
APPLICANT Previous Employment	Department	Supervisor's Name/C.O.	How Long? Yrs. Months
Address	City	State	Zip
Phone () ()	Position Held/ Occupation	Monthly Income (Gross)	

SECTION 5

ADDITIONAL INCOME (List all income such as child support, alimony, ect.)

Amount \$ _____ per _____ Source _____
Amount \$ _____ per _____ Source _____

SECTION 6

CREDIT

Do you have any have any consumer credit? (Credit cards, Loans, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION 7

VEHICLES

Auto # 1	License Plate	State	Auto # 2	License Plate	State
Other Vehicles (Boats, Vans, Motorcycles, RV's, etc.) Make, Model, License Plate					

SECTION 8

ADDITIONAL INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone () ()
Emergency Contact	Relationship	Address	City	State	Zip	Phone () ()
Personal Reference	Relationship	Address	City	State	Zip	Phone () ()
Personal Reference	Relationship	Address	City	State	Zip	Phone () ()

ANSWER THE FOLLOWING QUESTIONS

Why are you vacating your present address?
Have you given legal notice to vacate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain.
Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when and where.
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when and where.

NON-REFUNDABLE APPLICATION FEE, EARNED ON RECEIPT \$ _____

I certify that the above information is complete and correct and hereby authorize you to do a credit check, obtain an investigative consumer report and make any other inquires you feel necessary to evaluate my tenancy and credit standing. I/WE understand that giving incomplete or false information is grounds for rejection of the application. If any information supplied on this is later found to be false, this is grounds for termination of tenancy.

Owner / Agent has charged a screening fee as set forth above. Landlord may obtain an Investigative Consumer Report which includes the checking of the applicant's credit, income, employment, rental history and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided for under Section 606 §1681 d(b) of the federal Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the owner/agent by the screening company or the credit bureau as well as a complete and accurate disclosure of the nature and scope of the investigation. The name and address of the screening service is Background Investigations, Inc, 1800 Blankenship Rd., West Linn, Or. 97068.

If the application is approved, applicant(s) will have _____ hours from the time of notification to either execute a rental agreement and make all deposits requires thereunder or make a deposit to hold the unit and execute a deposit receipt which will provide for the forfeiture of the deposit if applicant(s) fail to occupy the unit. If applicant(s) fail to timely take the steps required above, they will be deemed to have refused the unit and the next applicant for the unit will be processed.

Applicant _____ Date: _____

Manager _____ Date: _____