

1605 NW Monroe Ave, Corvallis, OR 97330 Mailing Address: PO Box 1954, Corvallis, OR 97339 Phone: 541-754-1213 Fax: 541-753-4704 E-mail: pinionproperty@yahoo.com Website: pinionproperty.com

Rental Application					Fill Out Rental Application with Pen Incomplete Applications will NOT be Accepted				
Date: Unit Applying For:					incomplete Applications will NOT be Accepted				
Applicant Information									
Name: (First) (Middle)					(Last)				
		SN:	N:		Driver's License #:			State:	
			Email:						
			Othei	r Oc	cupants				
		DOB:			Name:				DOB:
Name:		DOB:			Name:			DOB:	
			Vehicle	e Inf	ormation				
Color: Make:		Model:			Licer		nse Plate:		State:
Color: Make:		Model:			License Plate:			State:	
			Other	Info	rmation				
Do you have pets?		How ma	ow many?			/hat Type?			
Have you ever been evicted? Explanation:									
Have you ever been arrested and/or convicted of a crime? Explanation:									
Do you have good credit with no collections listed? (excluding medical collections)									
	Rental History:	2 Years	of Rental Hi	istor	ry is Requi	ired or	a Cosigner i	s Needed	
Current Landlord: Pho			Pho	one #: Move-Ir			Move-In D	ate:	
Current Address:					Apt #:		Move-Out Date:		
Is landlord a Friend o	or Relative?		Reaso	n fo	r Leaving	:			
Previous Landlord:		Phone #:			Move-In D		ate:		
Previous Address:			·			Apt #:		Move-Out Date:	
Is landlord a Friend o	or Relative?		Reaso	n fo	r Leaving	:			
Previous Landlord:		Phone #:			Move-In [)ate:		
Previous Address:		Apt		Apt #	#: Move-Out		Date:		
Is landlord a Friend o	or Relative?		Reaso	n fo	r Leaving	:			
Employme	nt/Income Inforn	nation:	Submit <u>ALL</u>	Prod	of of Incor	ne at t	he Time of S	ubmitting A	pplication
Current/Future Employer:				Gross Monthly Income: \$					
Other Source of Income:				Amount/Month: \$					
Other Source of Inco	ome:						Amount/N	lonth: \$	
	Emergency Co	ntact:	List Someone	e Ot	her than (Co-app	licant or Roc	ommate	
Name: Relationship: Phone #:									
Applicant hereby certifies that	he/she has received and re								correct. Applicant authorizes

Applicant hereby certifies that he/she has received and read the Rental Criteria form. Applicant also certifies that the information provided is true and correct. Applicant authorized Pinion Property Management, Inc. to make any and all inquiries necessary to evaluate this application. Information provided may be made available to other services or agencies for verification either during the application process or, if approved, during occupancy. Applicant understands and accepts that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial or subsequent termination of tenancy upon determination of such falsified information.

Applicant Signature (Required):	Date:
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Thank you for Applying With Pinion Property Management, Inc.

Official Use Only	COMPLETE APPLICATION RECEIVED:							
Landlord:	PdOT:	Notice:	Com/Dam:	Balance:	Re-Rent:			
Landlord:	PdOT:	Notice:	Com/Dam:	Balance:	Re-Rent:			
Landlord:	PdOT:	Notice:	Com/Dam:	Balance:	Re-Rent:			
PR:	Income:							