Schimpf Properties LLC P.O. Box 66007 Portland, Oregon 97290 Phone 503-658-7255 Fax 503-558-0242

Monthly Rent Security Deposit Sorry No Pets 2520 NE Couch Portland, Or 97232 \$1150.00 \$1150.00

Information provided may be made available to other services or agencies for verification either during application or if approved, during occupancy. By completing and submitting this application, applicant does not acquire any rights in any rental unit.

1. APPLICANT #1		1. APPLICANT #2	
Legal Name:		Legal Name:	
Date of Birth	First Middle Soc. Sec. # / /	Date of Birth	First Middle Soc. Sec. # / /
Driver's License #	State State	Driver's License # Vehicle Make	State
Vehicle Make	Model	Vehicle Make	Model
Year	Plate #	Year	_ Plate #
2. RESIDENCE HISTORY—	APPLICANT #1	2. RESIDENCE HISTORY—	- APPLICANT #2
Present Address: Number	Street	Present Address: Number	Street
City State	Zip Move In Out	City State	Zip Move In Out
·			
Cell Phone #	Work Phone # Email	Cell Phone #	Work Phone # Email
Own or Rent? Monthly Payment		Own or Rent? Monthly Payment	
Name of Landlord or Mortgage Co.:		Name of Landlord or Mortgage Co.:	
Address: Phone #		Address: Phone #	
	FHORE #		FHORE #
3. PREVIOUS RESIDENCE —	- APPLICANT #1	3. PREVIOUS RESIDENCE	— APPLICANT #2
Previous Address Number	Street	Previous Address	Street
Number	Street		
	Zip Move In Out	City	tate Zip Move In Out
Own or Rent? Monthly Payment		Own or Rent? Monthly Payment	
Name of Landlord or Mortgage Co.:		Name of Landlord or Mortgage Co.:	
Address: Phone #		Address: Phone #	
	1 Hone #		1 Holic #
4. INCOME DESCRIPTION –	- APPLICANT #1	4. INCOME DESCRIPTION -	— APPLICANT #2
Employer Name		г 1 м	
Address_Phone		Address	
Phone	Position	Phone	Position
Monthly Gross \$ Monthly Take Home \$	Data of Hira	Monthly Gross \$ Monthly Take Home \$	Data of Hira
Other Income	Date of Fife Monthly\$	Other Income	Monthly \$
Name		Name	
Total Wollding Take Hollie	\$	Total Wolfully Take Home	e \$
	FERENCES — APPLICANT #1		EFERENCES — APPLICANT #2
	No Bankruptcy? Yes / No		cle all that apply / No Bankruptcy? Yes / No
Foreclosure? Yes /			/ No Eviction? Yes / No
	any of the above please attach	***If you answered yes to	any of the above please attach
explanation.		explanation.	
Address		Address	
Monthly Payment \$	Balance \$	Monthly Payment \$	Balance \$
Creditor		Creditor	
Address Monthly Payment \$	Balance \$		Balance \$
Trioning Taymont ϕ			Βαιαπου ψ
6. EMERGENCY CONTACT		6. EMERGENCY CONTACT	Γ
Name	Relation		
Phone #		NamePhone #	
7. OTHER IMPORTANT INFO	ORMATION		
	for all persons to occupy the unit:	Do you have any animals? Vas	rcle all that apply / No Waterbed? Yes / No
Name	DOB	Do you intend to use a musical	instrument? Yes / No
Name	DOR	Why are you vacating place of	residence?
Name	DOB		
	ION OF ACCURACY / SIGNATURI tion is true and correct and hereby authorize	A DDL ICANTE #4	DAME
landlord / agent to make any necessary inqui	res deemed necessary to evaluate the application for rstands and accepts that any information provided	APPLICANT #1APPLICANT #2	DATEDATE
	ll be grounds for denial of the application or	MILLICINII πE	DAIE