Icon

Description automatically generated**Rental Application**

Office: 4750 Franklin Blvd. Eugene, Or 97403 Phone: 541-747-2257 [eugenervpark@gmail.com](mailto:eugenervpark@gmail.com)

**NON-REFUNDABLE FEE PER ADULT APPLICANT: $50.00**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information Applying Alone Has Co-Applicants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name (Last/First/Middle): | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | |
| Driver’s License Number/State Id Number: | | | | | | | | | | | | | | | | | State: | | | | | | | SSN: | | | | | |
| Phone: | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | | | | | |
| Current Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own / Rent | Monthly Payment: | | | | | | | | | | | | | Dates Resided Start: End: | | | | | | | | | | | | | | | |
| Landlord: | | | | | | | | | | Phone: | | | | | | | | | | | Email: | | | | | | | | |
| Rental History (3 years, starting with the most recent one. If more space needed, attach an additional page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Address 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | Zip Code: | | | | | | | | | |
| Landlord: | | | | | | | | | | | Phone: | | | | | | | | | Email: | | | | | | | | | |
| Dates Resided Start: End: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Address 2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | Zip Code: | | | | | | | | | |
| Landlord: | | | | | | | | | | | Phone: | | | | | | | | | Email: | | | | | | | | | |
| Dates Resided Start: End: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Criminal History (If more space needed, attach an additional page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any criminal convictions? Y/ N | | | | | | | If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | |
| When: | | | | | | | State: | | | | | | | Offense: Felony / Misdemeanor | | | | | | | | | | | | | | | |
| Employment/Income Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Employer: | | | | | | | | | | | | | | | | | | | | | | | | Start Date: | | | | | |
| Supervisor Name: | | | | | | | | | | | Phone: | | | | | | | | | | | | Email: | | | | | | |
| Pay Rate: Circle one: hr / salary | | | | | | | | | | | | | | | | | | | | Gross Monthly Income: | | | | | | | | | |
| Self Employed: | | | | | | | | | | | SSI $ \_\_\_\_\_\_\_ / SSDI $\_\_\_\_\_\_\_ | | | | | | | | | | | | | VA Benefits $\_\_\_\_\_\_ | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | | | | | | ZIP Code: | | | | | | | Phone: | | | | | |
| Children (If more space needed, attach an additional page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child One - Legal Name (Last/First/Middle): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver’s License Number/State Id Number (If Applicable): State Issued: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Two - Legal Name (Last/First/Middle): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver’s License Number/State Id Number (If Applicable): State Issued: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Three - Legal Name (Last/First/Middle): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver’s License Number/State Id Number (If Applicable): State Issued: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicles (one per space, additional ones come with extra charge) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle One - Make: | | | | | | | | | | | | | Model: | | | | | | | | | | | | | | | | |
| Color: | | Year: | | | | | | | | | | | License Plate Number: | | | | | | | | | | | | | | | | State: |
| Insurance Policy #: | | | | | | | | | | | | | | | | | | Issuing Agency: | | | | | | | | | | | |
| Vehicle Two – Make: | | | | | | | | | | | | | Model: | | | | | | | | | | | | | | | | |
| Color: | | Year: | | | | | | | | | | | License Plate Number: | | | | | | | | | | | | | | | | State: |
| Insurance Policy #: | | | | | | | | | | | | | | | | | | Issuing Agency: | | | | | | | | | | | |
| RV Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.V. - Make: | | | | | | Model: | | | | | | | | Type: Class\_\_\_ Motorhome / 5th Wheel / Tow Behind | | | | | | | | | | | | | | | |
| Length: | | Year: | | | | | | | | | | | | Color: | | | | | | | | | | | | Slides: # \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Amperage/Voltage: 30 / 50 | | | | License Plate Number: | | | | | | | | | | | | | | | | | | State: | | | | | | | |
| Insurance Policy #: | | | | | | | | | | | | | | | | | | Issuing Agency: | | | | | | | | | | | |
| Pets (Proper documentation is required for Service Animals) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Service Animal: Y / N | | | | | | | | | | | | | | Pet Breed & Type: | | | | | | | | | | |
| Pet Color: | | | | | | | | | | | Pet Weight: | | | | | | | | | | | | | Pet Age: | | | | | |
| Name: | | | | | Service Animal: Y / N | | | | | | | | | | | | | | Pet Breed & Type: | | | | | | | | | | |
| Pet Color: | | | | | | | | | | | Pet Weight: | | | | | | | | | | | | | Pet Age: | | | | | |
| Co-Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name (Last/First/Middle): | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | |
| Driver’s License Number/State Id Number: | | | | | | | | | | | | | | | | | State: | | | | | | | SSN: | | | | | |
| Phone: | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | | |
| Current address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own / Rent | Monthly payment: | | | | | | | | | | | Dates Resided Start: End: | | | | | | | | | | | | | | | | | |
| Landlord: | | | | | | | | | | Phone: | | | | | | | | | | | Email: | | | | | | | | |
| Co-Applicant Rental History (3 years, starting with the recent one. If more space needed, attach an additional page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Address 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | | | | | ZIP Code: | | | | | |
| Landlord: | | | | | | | | | | | Phone: | | | | | | | | | | | | | Email: | | | | | |
| Dates Resided Start: End: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Address 2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | | | | | ZIP Code: | | | | | |
| Landlord: | | | | | | | | | | | Phone: | | | | | | | | | | | | | Email: | | | | | |
| Dates Resided Start: End: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Applicant Criminal History (If more space needed, attach an additional page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any criminal convictions? Y/ N | | | | | | | | If yes, please explain: | | | | | | | | | | | | | | | | | | | | | |
| When: | | | State: | | | | | | | | | | | | | Offense: Felony / Misdemeanor | | | | | | | | | | | | | |
| Co-Applicant Employment Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Employer: | | | | | | | | | | | | | | | | | | | | | | | | Start Date: | | | | | |
| Supervisor Name: | | | | | | | | | | | Phone: | | | | | | | | | | | | Email: | | | | | | |
| Pay Rate: Circle one: hr / salary | | | | | | | | | | | | | | | | | | | | Gross Monthly Income: | | | | | | | | | |
| Self Employed: | | | | | | | | | | | SSI $\_\_\_\_\_\_ / SSDI $\_\_\_\_\_\_\_ | | | | | | | | | | | | | | VA Benefits $\_\_\_\_\_\_\_\_ | | | | |
| Co-Applicant Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | | | | Zip Code: | | | | | | | Phone: | | | | | |
| Applicant / Co-Applicant Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We certify that Eugene Mobile Village Management has the right to refuse admission to any home if upon approval at the park, home is not the same or in the same condition represented by the tenant in this application. Upon approval of this application, I/We will execute a written rental agreement and all other required documents prior to occupancy.  I/we certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize Eugene Mobile Village Management to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. Fraudulent or misleading information may be grounds for denial for tenancy or subsequent eviction.  I/We hold Eugene Mobile Village Management harmless of any liability for providing written or verbal information and/or discussing tenancy with my prospective landlord.  By signing below, I/We authorize the preparation of an investigative report. For this purpose, I/We authorize and understand that investigative background inquiries can be made on myself/us including consumer, criminal, driving and other reports. Further, I/We understand that you will be requesting information from various Federal State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other reports. Further, I/We understand that you will be requesting information from various Federal State and Other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I/We release all the above, including FAR, NCR and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports on working with any future collection actions.  According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the written nature and scope of the investigative report.  This application will be denied upon failure to provide required documentation. Upon request from management applicant has 72 hours to provide documentation or your application may be denied. Pursuant to the law, upon denial, Landlord has no further obligation to consider the application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |
| Signature of Co-Applicant: | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | |
| Billing Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cardholder Name Expiration Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Number Security Code  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip Code  My signature below authorizes EMV to charge the above credit card the background fee noted above, I agree to pay for this charge according to the terms of my card holder agreement.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |