

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"/>				
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?		Type and size of pet(s)				
						Yes <input type="checkbox"/> No <input type="checkbox"/>		(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						
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, 27600 SW 95TH Ave. Suite 100 Wilsonville, OR 97070.

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 required 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: _____