PRINTED 1:55 PM 11/22/05

RENTAL APPLICATION *(To be completed by each ADULT APPLICANT)*

Verified Drivers License or State I.D.	FULL REPORT	CREDIT PLUS	FASTFACTS
☐ Yes ☐ No	☐	☐	☐

☐ Co-signer ☐ W/ Current Tenant Time Application Received:

Management Company		Complex Name	Contact	Telephone ( )
Move In Date	Unit #	Monthly Rent $	Lease	Referred by

APPLICANT INFORMATION

APPLICANT Last Name	First	Middle	D.O.B	Social Security #	Drivers License #
ROOMMATE(S) NAME(S)					

CURRENT RESIDENCE

CURRENT Address	Apt #	City	State	Zip	Rent [ ] Own [ ]	Move in date: Move out date:	Monthly Rent $	Telephone: ( )
LANDLORD/Mortgage Co. Name		City	State	Zip	Landlord Day Phone ( )		Landlord Evening Phone ( )	
REASON FOR VACATING:			List any roommates you have:					

HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENCE? Yes [ ] No [ ]

PREVIOUS RESIDENCE

PREVIOUS Address	Apt #	City	State	Zip	Rent [ ] Own [ ]	Move in date: Move out date:	Monthly Rent $	Telephone: ( )
LANDLORD/Mortgage Co. Name		City	State	Zip	Landlord Day Phone ( )		Landlord Evening Phone ( )	
REASON FOR VACATING:			List any roommates you had:					

EMPLOYMENT

APPLICANT CURRENT EMPLOYER	Position	Telephone ( )	Supervisor Name	Salary/Month	Date of Hire: MM/YY
APPLICANT PREVIOUS EMPLOYER	Position	Telephone: ( )	Supervisor Name	Salary/Month	From: To

Additional Sources of Income Per Month (List any income to be included for qualification):

$ /Month from: PHONE: ( )

ADDITIONAL INFORMATION

APPLICANT Bank Name	Branch	Telephone ( )	Checking Account #	Savings Account #

List all Vehicles to be parked on site:

Make	Model	Year	Color	License #	State

OTHER OCCUPANTS

OCCUPANT NAME	D.O.B.
OCCUPANT NAME	D.O.B.

Have you established retail credit? Yes [ ] No [ ]

Will you be moving in any of the following items?
Waterbed: Yes [ ] No [ ] Aquarium: Yes [ ] No [ ]
Piano: Yes [ ] No [ ]

Do you have renters insurance? Yes[ ] No[ ]
Carrier: Policy#:

Type & Size of PETS:

Have you or any person who will occupy the unit ever been convicted, plead guilty, no-contest or have current pending charges to any felony or misdemeanor? No [ ] Yes [ ] Describe Offense: When:

Have you ever been evicted? No[ ] Yes[ ]

EMERGENCY CONTACT	Relationship	Address:	Telephone ( )

APPLICANT SCREENING CHARGE $ _____

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening charge as set forth above. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The screening service is Pacific Screening Inc., P.O. Box 25582, Portland, OR 97298 (503) 297-1941. If the applicant is approved, applicants 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 execute a rental agreement which will provide for the forfeiture of the deposit if applicants fail to execute the rental agreement. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. *Owner / Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties.* Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete.

Signed _____ (Applicant) Dated _____

Signed _____ (Agent for Owner) Dated _____