RENTAL APPLICATION to be completed by each ADULT APPLICANT

Verified Driver's License or State I.D.		FULL REPORT	CREDIT PLUS	FAST FACTS
☐ Yes	☐ No	☐	☐	☐
☐Co-Signer	☐ W/ Current Tenant	Application Received:_____		

EQUAL HOUSING OPPORTUNITY

MANAGEMENT COMPANY		COMMUNITY NAME		CONTACT
MOVE-IN DATE	UNIT #	MONTHLY RENT $	LEASE TYPE DESIRED	TELEPHONE ( )

APPLICANT INFORMATION

LAST NAME FIRST MIDDLE	DOB	SOCIAL SECURITY #	DRIVER'S LIC. #
ROOMMATE(S) NAME(S)		EMAIL	

CURRENT RESIDENCE

STREET ADDRESS	APT #	CITY	STATE	ZIP
HAVE YOU GIVEN LEGAL NOTICE TO VACATE? YES ☐ NO ☐	RENT ☐ OWN ☐	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT $	TELEPHONE ( )
LANDLORD/MTG. COMPANY CITY STATE ZIP		LANDLORD DAY PHONE ( )		LANDLORD EVENING PHONE ( )
REASON FOR VACATING:		LIST ALL ROOMMATES:		

PREVIOUS RESIDENCE

STREET ADDRESS	APT #	CITY	STATE	ZIP
DID YOU GIVE LEGAL NOTICE TO VACATE? YES ☐ NO ☐	RENT ☐ OWN ☐	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT $	TELEPHONE ( )
LANDLORD/MTG. COMPANY CITY STATE ZIP		LANDLORD DAY PHONE ( )		LANDLORD EVENING PHONE ( )
REASON FOR VACATING:		LIST ALL ROOMMATES:		

EMPLOYMENT / INCOME

CURRENT EMPLOYER	POSITION	TELEPHONE ( )	SUPERVISOR'S NAME	SALARY/MONTH	DATE OF HIRE
PREVIOUS EMPLOYER	POSITION	TELEPHONE ( )	SUPERVISOR'S NAME	SALARY / MONTH	FROM: TO:
ADDITIONAL SOURCES OF MONTHLY INCOME (List all income to be included for qualification): $ / Month			SOURCE:	TELEPHONE ( )	
BANK NAME	BRANCH	TELEPHONE ( )	CHECKING ACCT #	SAVINGS ACCT #	

EMERGENCY CONTACT

NAME	RELATIONSHIP	ADDRESS	TELEPHONE ( )

ADDITIONAL INFORMATION

LIST ALL VEHICLES TO BE PARKED ON SITE						OTHER OCCUPANTS	
MAKE	MODEL	YEAR	COLOR	LICENSE#	STATE	OCCUPANT NAME	D.O.B.

HAVE YOU ESTABLISHED RETAIL CREDIT? YES ☐ NO ☐

TYPE AND SIZE OF PETS:

WILL YOU BE MOVING IN ANY OF THE FOLLOWING ITEMS?
WATERBED ☐ AQUARIUM ☐ MUSICAL INSTRUMENT ☐

DO YOU HAVE RENTERS INSURANCE? YES ☐ NO ☐
Carrier:_____ Policy #:_____

IF YES, PROVIDE DATE(S) AND LOCATION(S):

HAVE YOU EVER BEEN EVICTED? YES ☐ NO ☐

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 OF MISDEMEANOR?

YES ☐ NO ☐ DESCRIBE OFFENSE: DATE OF OFFENSE:

ARE YOU OR ANY PERSON WHO WILL OCCUPY THE UNIT A REGISTERED SEX OFFENDER?

YES ☐ NO ☐ IF YES, DATE AND LOCATION OF REGISTRATION:

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF THE RENTAL AGREEMENT

RENT	DEPOSITS	FEES
THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTOS.	SECURITY DEPOSIT MINIMUM $_____	LATE RENT PAYMENT FEE $_____
UNIT RENT $_____	SECURITY DEPOSIT MAXIMUM$_____ (DEPENDS ON SCREENING RESULTS AND UNIT SIZE)	LEASE BREAK FEE $_____ (NOT TO EXCEED 1.5 X RENT)
_____ $_____	PET $_____	N.F.S. CHECK FEE OF $25 + BANK CHARGES
_____ $_____	GARAGE / STORAGE $_____	UNAUTHORIZED PET FEE $_____
_____ $_____	OTHER_____ $_____	SMOKE ALARM / CARBON MONOXIDE ALARM TAMPERING FEE $_____
_____ $_____	OTHER_____ $_____	LOST KEY, ACCESS CARD FEE $_____
_____ $_____	OTHER_____ $_____	NON-COMPLIANCE FEE* $_____ 1. LATE PAYMENT OF UTILITY 2. FAILURE TO CLEAN PET WASTE 3. FAILURE TO CLEAN GARBAGE/RUBBISH 4. PARKING VIOLATIONS OR IMPROPER USE OF VEHICLES *** NOT TO EXCEED $50 PER NON-COMPLIANCE**
APPLICANT'S INITIALS_____	APPLICANT SCREENING CHARGE $_____	

GOOD FAITH ESTIMATE
Approximate number of units currently available, or which will in the forseable future be available, of the size and in the area requested by applicant: _____ unit(s).
Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).
If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

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. Applicant's copy of this signed application shall be the receipt for the screening charge. 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 _____