Application

Text photo of Applications (front & back) to 503-505-3329 or FAX Application to: 971-279-4398 or Drop off at Postal Annex at 12042 SE Sunnyside Rd #334 Clackamas OR 97015 and ask them to put your completed application in box #334 - Questions? 503-505-3329

NO APPLICATION FEE FOR INITIAL MOVE IN!

We require an application for each adult who will be renting (even if married).

Please print clearly. Applications that are difficult to read take longer to process.

Please note: Applications must be complete in order for us to make a decision. We do not hold units.

You must be prepared to take possession of the unit if/when you are approved.

Section 8 Tenants Welcome

NAME:	DATE OF BIRTH: /
ARE YOU APPLYING TO RENT OR PURCHASE?	HOW DID YOU HEAR ABOUT THE
PROPERTY? Craigslist? Sign? Oregon	ian 🗌 Nickel Ads 📄 Clackamas Review
Willamette Week Referred by a friend	Other
SOCIAL SECURITY#:	HOME PHONE: ()
DRIVER LICENSE#:	WORK PHONE: ()
Number of people applying for unit: Which proper	rty are you applying for?
Do you have the deposit (including first month's rent) i	n full? EMAIL:
PRESENT ADDRESS:	
CITY STATE	ZIP
How long have you lived at this address?to	Rent amount:
Reason for moving:	
Name of apartment building:	
OWNER/MANAGER: PHONE:	WORK:
PREVIOUS ADDRESS:	
	ZIP
How long did you live at this address?	to Rent amount:
Reason for moving:	
Name of apartment building:	
OWNER/MANAGER: PHONE:	WORK:
Name and relationship of EVERY person to live wit	h you (including ages of minors):
Pets: Yes No If yes, describe (including wei	ght)
Waterbed? Yes No Do you smoke? Yes N	lo
Do you receive section 8? Yes No If yes, w	hat amount do you receive \$
CURRENT Occupation:	Supervisor:
EMPLOYER:	Phone:
How long have you worked there?	Address:
Current Gross Income per Month (Before deductions) \$	<u> </u>
Take Home per Month \$: Other in	acome and source:

PREVIOUS Occupation)n:	Supervisor:				
		Phone:				
How long have you wor	ked there?	d there? Address:				
SAVINGS ACCOUNT:	Bank:	Account:				
CHECKING ACCOUN	T: Bank:	Account:				
Major Credit Card:		Ac	Account:			
Credit Reference:		Ac	Account:			
Have you ever filed ban	kruptcy?	When:	When:			
Was it a medical bankru	If not, describe:	ot, describe:				
How is your credit?						
VEHICLE(S):						
Make:	Model:	Year:	Lice	ense:		
Make:	Model:	Year:	Lice	ense:		
Personal Reference:		Phone:				
Emergency Contact:		Phone:				
Oo you plan to have a pl	hone installed within	30 days or maintain a wor	king cell phone?			
	plication please inclu	uch as childcare) which yo ude a copy of your driver	's license or text a			
	CREJ	DIT REPORT INFORMA	TION			
LAST NAME:	F	IRST NAME:	MIDD!	LE INITIAL:		
SOCIAL SECURITY#:		DAT	E OF BIRTH:	/ /		
Employer:	Employer'	's Phone: ()				
upervisor's Name:						
Current Address:						
Previous Address:						
** <u>I CERTIFY TH</u>	<u>AT THE ABOVE IN</u>	FORMATION IS CORRE	CT AND COMPLI	ETE AND HEREBY		
AUTHORIZE YOU	TO MAKE ANY IN	QUIRIES THAT YOU FI	EEL NECESSARY	TO EVALUATE MY		
	<u>TENAN</u>	CY AND CREDIT STAN	DING**			
SIGNATURE:		DATE:		Updated 1/31/25		
CRED						
SS □ Sent _ Clipboard □ Back _	<u>) IT</u> ,		Signed			

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