Application

FAX Application to: 971-279-4398, Questions? 503-505-3329

**\*\*NO APPLICATION FEE!\*\***

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? \_\_ Oregonian \_\_ Website \_\_ Zillow \_\_ Referred by a friend \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY#: - - \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_- \_\_\_\_\_\_

DRIVER LICENSE#: \_\_ WORK PHONE: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_- \_\_\_\_\_\_

Number of people applying for unit:

Which property are you applying for? Do you have the deposits in full?

**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:**

CITY STATE 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 with you (including ages of minors):**

Pets: Yes No If yes, describe (including weight)

Waterbed? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ Do you smoke? Yes No

**Do you receive section 8? Yes No If yes, what amount do you receive $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT Occupation:** Supervisor:

EMPLOYER: Phone:

How long have you worked there? Address:

Current Gross Income per Month (Before deductions) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take Home per Month $: Other income and source: \_\_\_\_\_\_\_

**PREVIOUS Occupation:** Supervisor:

EMPLOYER: Phone:

How long have you worked there? Address:

SAVINGS ACCOUNT: Bank: Account:

CHECKING ACCOUNT: Bank: Account:

Major Credit Card: Account:

Credit Reference: Account:

Have you ever filed bankruptcy? When:

Was it a medical bankruptcy? If not, describe:

How is your credit?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN EVICTED?:

VEHICLE(S):

Make: Model: Year: License:

Make: Model: Year: License:

Personal Reference: Phone:

Emergency Contact: Phone:

Do you plan to have a phone installed within 30 days or maintain a working cell phone?

Have you seen the interior of this property? \_\_\_\_\_ Are you looking for a place to move into right away?

If not, when are you planning to move?

Is there any additional income you receive (such as childcare) which you have not shown above?

CREDIT REPORT INFORMATION

LAST NAME: FIRST NAME: MIDDLE INITIAL: \_\_\_\_\_\_

SOCIAL SECURITY#: - - \_\_\_\_\_\_ DATE OF BIRTH: / / \_\_\_\_

Employer: Employer’s Phone:

Supervisor’s Name:

Current Address:

Previous Address:

\*\*I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES THAT YOU FEEL NECESSARY TO EVALUATE MY TENANCY AND CREDIT STANDING\*\*

**SIGNATURE:**  **DATE: / /**  Updated 2/16/19

 **CREDIT**

SS Sent \_\_\_/\_\_\_\_:\_\_\_ Reference Ck RA Signed \_\_\_\_\_\_\_\_\_

Clipboard Back \_\_\_/\_\_\_\_:\_\_\_ \_\_\_/\_\_\_\_\_\_:\_\_\_ Move-In \_\_\_\_\_\_\_\_\_