



Professional
Background
Screening Service

P.O. Box 12398, Salem, OR 97309
503-375-0451 • Toll Free 1-888-375-0451
Fax 503-364-0195 • Toll Free Fax 1-877-450-2774
www.advrep.com

Credit/SSN Criminal Employment Verification Rental History

Rental Application – This application must be completed in full to assure prompt processing.

Date _____ Applicant Screening Charge \$ _____ Mgmt. Co. _____
Complex Name _____ Available unit # _____ Requested move in date _____ Rent Amount \$ _____

Applicant Information – A SEPARATE APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT.

Applicant Applying with _____ Co-Signer for _____
Name _____
Last _____ First _____ Middle _____
List any other names you have used _____ Phone # _____ Email _____
Date of Birth / / Soc. Sec. # - - Driver's License # _____ State of Issue _____ Vehicle _____
Year _____ Make/Model _____ Color _____ Lic.# _____

Residence History

Current Address _____ City _____ State _____ Zip _____
Reason for moving? _____ Own Rent _____ Move in date _____ Monthly Payment _____
Landlord/Management Co. _____ Complex name _____ Phone # _____
Previous Address _____ City _____ State _____ Zip _____
Reason for moving? _____ Own Rent _____ Move in date _____ Move out date _____ Monthly Payment _____
Landlord/Management Co. _____ Complex name _____ Phone # _____

Employment History

Current Employer				Previous Employer						
Address _____		City _____	State _____	Zip _____	Address _____		City _____	State _____	Zip _____	
Start _____	End _____	Phone # _____		Start _____	End _____	Phone # _____		Position _____	Supervisor _____	
Position _____		Supervisor _____		Position _____		Supervisor _____		Monthly wage/Hourly rate _____	#Hrs. per week _____	Pay schedule _____
Monthly wage/Hourly rate _____	#Hrs. per week _____	Pay schedule _____		Monthly wage/Hourly rate _____	#Hrs. per week _____	Pay schedule _____				

Bank References

Name of Bank, Savings & Loan, or Credit Union _____ Address _____ Account # _____ Checking Savings
Have you ever filed for Bankruptcy? Yes No If yes, please list date(s): _____

Additional Information

Has the applicant on this application been evicted? Yes No If yes, please list : _____
Apartment Name _____ City _____ State _____
Has the applicant on this application been convicted of any felony or misdemeanor? Yes No If yes, list City, State, and Offense(s). Attach separate sheet if necessary : _____
Offense _____ City _____ State _____
Are you or anyone who will be residing in the unit be required to register as a Sex Offender? Yes No
Do you smoke? Yes No Do you have waterbed? Yes No Do you have an aquarium? Yes No Do you have a musical instrument? Yes No
Do you have pets of any kind? Yes No Service Animal If yes, please describe - Type, Name, color, & age _____
Do you have Renter's Insurance? Yes No I would like to receive information on Renter's Insurance - Phone# () _____

List names, DOB, & SSN of all other occupants

Name _____	DOB _____	SSN _____	Name _____	DOB _____	SSN _____
Name _____	DOB _____	SSN _____	Name _____	DOB _____	SSN _____
Emergency Contact _____	Relationship _____	City _____	State _____	Phone () _____	

Applicant acknowledges that landlord and/or agents are relying on the statements made above. Applicant represents and warrants that any and all information and statements made on this application are true and correct to the best of applicant's knowledge. Applicant acknowledges that any information found to be false, incomplete or inaccurate will result in the denial of the application and/or subsequent termination of tenancy. 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. 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. Advanced Reporting and/or landlord is hereby authorized to obtain applicant's consumer report information, including but not limited to credit and/or criminal history and verify any references in connection with the processing of this application.

Applicant Signature _____ Date _____

Application Reviewed by: _____ Applicant I.D. Verified by: _____