

RENTAL APPLICATION

Property / Management Name: _____ Screening Charge \$ _____

Property Address: _____

Unit #: _____ Unit Rent \$ _____ Desired Move-in Date: _____

Owner / Agent Phone: _____ Owner / Agent Email: _____

Owner / Agent Address: _____

Good Faith Estimate: There are approximately _____ comparable units currently or soon to be available and _____ applications for those units have been accepted and are currently under consideration (if these spaces are left blank they are 1 and 0 respectively.)

Smoking Policy: Prohibited Allowed (Entire Premises) Allowed (Limited Areas per Management)

Applying as Renter Cosigner Applying with/for: _____

Have you applied to any other locations managed by this Owner/Agent/Management Company in the last 60 days? If yes, where and when? _____

APPLICANT: _____
Last Name First Name Middle Name

PREVIOUS NAMES AND ALIASES: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ EMAIL: _____
MM/DD/YYYY

PHONE: _____ PHOTO ID: _____ **Verified:** Yes No
ID NUMBER TYPE OF ID STATE WHERE ISSUED

CURRENT ADDRESS: _____

MOVE-IN DATE: _____ MONTHLY PAYMENT \$ _____ Have you given Notice? Yes No

REASON FOR VACATING: _____

CURRENT LANDLORD: _____ LANDLORD PHONE: _____

LANDLORD EMAIL: _____ LANDLORD FAX: _____

PREVIOUS ADDRESS: _____

MOVE-IN DATE: _____ MONTHLY PAYMENT \$ _____ MOVE-OUT DATE: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

LANDLORD EMAIL: _____ LANDLORD FAX: _____

CURRENT EMPLOYER: _____ EMPLOYER PHONE: _____

ADDRESS: _____ EMPLOYER FAX: _____

SUPERVISOR NAME: _____ EMAIL ADDRESS: _____

POSITION: _____ HIRE DATE: _____ GROSS MONTHLY INCOME \$ _____

OTHER INCOME \$ _____

RENTAL APPLICATION

OTHER OCCUPANTS:			VEHICLES:				
Name	DOB	SSN	Make	Model	Year	Color	License Plate
____	____	____	____	____	____	____	____
Name	DOB	SSN	Make	Model	Year	Color	License Plate
____	____	____	____	____	____	____	____
Name	DOB	SSN	Make	Model	Year	Color	License Plate
____	____	____	____	____	____	____	____
Name	DOB	SSN	Make	Model	Year	Color	License Plate
____	____	____	____	____	____	____	____

PETS:

Type	Age	Breed	Weight
____	____	____	____
Type	Age	Breed	Weight
____	____	____	____
Type	Age	Breed	Weight
____	____	____	____

EMERGENCY CONTACT:

Name	Phone	Email Address
____	____	____
Street Address	City	State Zip Code
____	____	____

CONTACT IN CASE OF DEATH:

Name	Phone	Email Address
____	____	____
Street Address	City	State Zip Code
____	____	____

Do you intend to use: Waterbed Aquarium Musical Instrument: _____

In the past 5 years, have you ever been evicted or are you currently in the process of being evicted? Yes No
If yes, where and when? _____

Have you or any person who will be occupying the unit ever been convicted of, or plead guilty or no contest to, or have pending charges of any Felony or Misdemeanor? Yes No
Describe who, where, what, and when: _____

Have you ever filed for or are you currently filing for bankruptcy? Yes No : date(s) _____

The following information is subject to change prior to the execution of a Rental Agreement.
 The actual amount(s) charged will depend on unit size and type, screening results, and other factors.

Renter's Insurance: Required, Minimum Amount \$ _____ (\$100,000 if blank) Not Required

Maximum Potential Rent \$ _____ **Security Deposit: Minimum \$** _____ **Maximum \$** _____

Rent(s) / Deposits: _____

If this application is approved, applicant will have _____ hours from the time of notification to execute an agreement and make all deposits required thereunder. If applicant fails to act within the timeframe above it will constitute a refusal of the unit and the next

Owner/Agent charges a screening charge as set forth above and may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a consumer report and/or an investigative consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, rental history, professional licenses and credentials. You have a right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your rental, education, and/or employment history. This disclosure allows the Owner/Agent to obtain from any outside organization all manner of consumer reports or investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Information and disclosures regarding your rights under federal, state, and local consumer reporting and ID theft protection laws regarding the investigation and the storage and disposal of your information and remedies if Owner/Agent has not maintained secured records are available upon request. You have the right to dispute the accuracy of the information contained in the report.

I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time after receipt of this authorization and, if I am approved for residency, throughout my tenancy as allowed by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, landlord, or insurance agency to furnish any and all background information requested by **Insight Reporting, P.O. Box 12398, Salem, OR 97309, Phone: (503) 662-6265, Fax: (503) 616-5837, https://insightreportingllc.com**, and other outside organizations acting on behalf of the Owner/Agent, and/or the Owner/Agent itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

APPLICANT SIGNATURE: _____ **Date:** _____

OWNER/AGENT SIGNATURE: _____ **Date and Time Received:** _____