

Oregon West Management, LLC

Application to Rent

Owner to Complete:

Property Address: _____ **Desired Move-in Date** ____/____/____
Monthly Rent: \$ _____ **Amount of Deposits:** \$ _____ *(deposit may increase depending on screening and other factors)* **# of Units Available:** _____ **Applicant No.** _____
Date: ____/____/____ **Time:** _____ a.m. p.m.
Examined picture identification Yes No **Type of identification** _____

PERSONAL INFORMATION

Applicant: _____
First Middle Last

Telephone () _____ - _____ Cell () _____ - _____ Email _____
 S.S. # _____ Birth Date ____/____/____ Driver's License, State and #: _____

Co-Applicant: _____
First Middle Last

Telephone () _____ - _____ Cell () _____ - _____ Email _____
 S.S. # _____ Birth Date ____/____/____ Driver's License, State and #: _____

1) Current Address: _____ City _____ State _____ Zip _____
 Since: ____/____/____ Current Landlord _____ Rent Amount \$ _____
 Why are you moving? _____
 Telephone () _____ - _____ Fax () _____ - _____

2) Previous Address: _____ City _____ State _____ Zip _____
 From ____/____/____ To ____/____/____ Previous Landlord _____
 Telephone () _____ - _____ Fax () _____ - _____
 Why did you move? _____

3) Previous Address: _____ City _____ State _____ Zip _____
 From ____/____/____ To ____/____/____ Previous Landlord _____
 Telephone () _____ - _____ Fax () _____ - _____
 Why did you move? _____

Have you ever:

Been Evicted? Yes No Been sued by Landlord? Yes No Filed Bankruptcy? Yes No

Been convicted, pleaded guilty, or no contest to a crime? Yes No If Yes to any of these, please explain:

EMPLOYMENT/INCOME

1) Applicant's Employer: _____ How Long? _____
 Your Job Title: _____ Phone () _____ - _____ Fax () _____ - _____
 Supervisor: _____ Monthly take home pay: \$ _____ Full-time Part-time

2) Previous Employer: _____ How Long? _____
 Your Job Title: _____ Phone () _____ - _____ Fax () _____ - _____
 Supervisor: _____ Monthly take home pay: \$ _____ Full-time Part-time

3) Co-Applicant's Employer: _____ How Long? _____
 Your Job Title: _____ Phone () _____ - _____ Fax () _____ - _____
 Supervisor: _____ Monthly take home pay: \$ _____ Full-time Part-time

4) Previous Employer: _____ How Long? _____
 Your Job Title: _____ Phone () _____ - _____ Fax () _____ - _____
 Supervisor: _____ Monthly take home pay: \$ _____ Full-time Part-time

Other Income (per month) \$ _____ Source: _____ Telephone () _____ - _____

Other Income (per month) \$ _____ Source: _____ Telephone () _____ - _____

BANK REFERENCES

1) Bank: _____ Branch: _____

2) Bank: _____ Branch: _____

3) Bank: _____ Branch: _____

PERSONAL REFERENCES

1) Next of Kin: _____ Relationship: _____
First Last

Address: _____ Telephone () _____ - _____
Street City State Zip

2) Emergency Contact: _____ Telephone () _____ - _____

3) Other _____ Telephone () _____ - _____

PERSONAL PROPERTY

1) Automobile: Make _____ Model _____ Year _____ License # _____ State _____

2) Automobile: Make _____ Model _____ Year _____ License # _____ State _____

3) Other Vehicles/Boats _____ Model _____ Year _____ License # _____ State _____

Do you own the following?:

Piano/Organ Yes No Water-filled furniture Yes No Fish Tank or Aquarium Yes No

Cat (If allowed)

Type: _____ Size _____ Weight _____ Has Pet ever injured anyone or damaged anything? Yes No

APPLICANT'S COMMENTS & EXPLANATION:

MEMBERS OF HOUSEHOLD

For purposes of identification only, please list names and either ages or dates of birth of other persons to occupy units:

APPLICANT SCREENING CHARGE DISCLOSURE(S)

- 1) Owner/Agent may obtain a tenant screening or credit report which generally consists of:
 - a) credit history including credit standing;
 - b) public records, including but not limited to judgments, liens, evictions and status of collection accounts;
 - c) information verifications;
 - d) current obligations and credit ratings; and
 - e) criminal records
- 2) Owner/Agent is requiring payment of an Applicant Screening Charge \$_____, none of which is refundable unless the Owner/Agent does not screen the applicant. Application valid for up to two weeks from date of receipt by Owner/Agent.

I understand I have the right to dispute the accuracy of any information provided to the Owner/Agent by a screening service or credit reporting agency. I am aware that an incomplete application may cause delays or result in denial of tenancy. I certify the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing (including, but not limited to credit checks). If Owner/Agent is requiring payment of an applicant screening charge, applicant acknowledges receiving a copy of or reading Owner/Agent's Screening Guidelines.

Applicant

Date

Applicant

Date

