

Application for Rental

Available Rental Properties

4660 Main Street, Suite A170, Springfield, OR 97478 (541) 726-5570

Property Location: _____

Desired Move-In Date: _____

Information provided may be made available to other services or agencies for verification either during application or if approved, during occupancy. By completing & submitting this application, applicant does not acquire any rights in any unit.

1. Personal Information - Applicant #1		
Legal Name:	_____	
Date of birth:	_____	
Social Security #	_____	
Home Phone:	_____	Work Phone: _____
Drivers License # & State	_____	

Applicant #2		
Legal Name:	_____	
Date of birth:	_____	
Social Security #	_____	
Home Phone:	_____	Work Phone: _____
Drivers License # & State	_____	

2. Residence History - Applicant #1		
Present Address: _____		
City	State	Zip
Own or rent?	_____	Payment amt _____
Date of Move-in:	_____	Move Out: _____
Name of Landlord:	_____	
Phone Number:	_____	

Applicant #2		
Present Address: _____		
City	State	Zip
Own or rent?	_____	Payment amt _____
Date of Move-in:	_____	Move Out: _____
Name of Landlord:	_____	
Phone Number:	_____	

3. Previous Residence History - Applicant #1		
Previous Address: _____		
City	State	Zip
Own or rent?	_____	Payment amt _____
Date of Move-in:	_____	Move Out: _____
Name of Landlord:	_____	
Phone Number:	_____	
Phone: _____		

Applicant #2		
Previous Address: _____		
City	State	Zip
Own or rent?	_____	Payment amt _____
Date of Move-in:	_____	Move Out: _____
Name of Landlord:	_____	
Phone Number:	_____	
Phone: _____		

4. Income Description - Applicant #1		
Employer Name _____		
Address: _____		
Telephone _____	Position _____	
Gross mthly: _____	Net mthly: _____	
Date of Hire: _____		
Additional Sources of Income:		
Source: _____	Amount mthly: _____	
Source: _____	Amount mthly: _____	
Total monthly income _____		

Applicant #2		
Employer Name _____		
Address: _____		
Telephone _____	Position _____	
Gross mthly: _____	Net mthly: _____	
Date of Hire: _____		
Additional Sources of Income:		
Source: _____	Amount mthly: _____	
Source: _____	Amount mthly: _____	
Total monthly income _____		

Other Important Information	
List names and date of birth for all persons to occupy the unit: Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____	Do you have pets or other animals? Yes _____ No _____ Type: _____ Do you intend to use a musical instrument? Yes _____ No _____ Type: _____ Have you or any of the persons named on this application Been evicted? Yes _____ No _____ Been Convicted of a crime? Yes _____ No _____ Does anyone in the household smoke? Yes _____ No _____
Why are you vacating your current place of residence?	

List all vehicles which will be on the property: _____ _____ _____	_____ _____ _____
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Applicants hereby certify that the information is true & correct and hereby authorize landlord/agent to make any necessary inquiries deemed necessary to evaluate the application for tenancy and credit standing. Applicant understands and accepts that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial of the application or subsequent termination of tenancy upon determination of such falsified information.

Applicant #1 _____

Applicant #2 _____

****Completed applications MUST be accompanied by a \$30 per adult Application Charge & Photo Identification****