

# RENTAL APPLICATION

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Property Management (Owner/Agent): \_\_\_\_\_ Screening Charge \$ \_\_\_\_\_  
Manager Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
Requested Rental Property (Name/Address): \_\_\_\_\_  
Unit (No./Type): \_\_\_\_\_ Move In Date: \_\_\_\_\_ Proposed Monthly Rent: \$ \_\_\_\_\_  
Property Smoking Policy:  Prohibited  Allowed (Entire Premise)  Allowed (Limited Areas Per Management)  
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. (1 and 0 respectively if blank)

Owner/Agent charges a screening charge as set forth above and may obtain a consumer and/or investigative consumer report ("Report") regarding you, the applicant below, prepared by **Advanced Reporting, PO Box 12398, Salem, OR 97309, Phone: 888-375-0451, Fax: 877-450-2774, <http://advrep.com>**, another agent of Owner/Agent, and/or Owner/Agent itself. The Report may include information regarding your credit, income, employment, rental history and criminal records and may include information as to your character, general reputation, personal characteristics and mode of living. Information and disclosures regarding your rights under federal and state consumer reporting and ID theft protection laws regarding the nature and scope of the investigation and the storage and disposal of your information and remedies available 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 certify that the information provided in this application is correct and complete and hereby authorize Owner/Agent to obtain a Report, as described above, and make any inquires necessary to evaluate my tenancy, credit standing and ability to pay. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy.

**I have received, read and understand Owner/Agent's Screening Criteria.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Renter  Co-Signer Applying with/for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Photo ID(No./Type): \_\_\_\_\_ Verified  Yes  No

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent Landlord/Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Move In Date: \_\_\_\_\_ Have you given notice?  Yes  No

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent Landlord/Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Self-Employed?  Yes  No Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Previous  Additional Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# RENTAL APPLICATION

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Other Occupant(s)  
Vehicle(s)  
Animal(s)

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Type: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Type: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact  
In Case of Death  
Bank(s)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Name(s): \_\_\_\_\_

Why are you vacating your present place of residence? \_\_\_\_\_

Do you intend to use:  Waterbed  Aquarium  Musical Instrument: \_\_\_\_\_

In the last 5 years have you been or are you in the eviction/foreclosure process?  No  Yes : date(s): \_\_\_\_\_

In the last 10 years have you filed or are you currently filing for bankruptcy?  No  Yes : date(s): \_\_\_\_\_

Have you or any other occupants ever been convicted of or pled guilty or no contest to any felony of misdemeanor?

No  Yes : describe: \_\_\_\_\_

The following information is subject to change prior to execution of a Rental Agreement. Additional Written Notice(s) Attached:  No  Yes  
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 Min \$ \_\_\_\_\_ Max \$ \_\_\_\_\_

Rent(s)/Deposit(s): \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$

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 application will be processed.

Owner/Agent Signature: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Decision:  Approved  Declined/Conditions - Adverse Action Notice  Provided Method/Date/Time: \_\_\_\_\_



# TENANT BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

I understand that Advanced Reporting will be preparing my Tenant Screening report and I authorize them to obtain consumer credit/criminal history information on me. I authorize my creditors and employers to release to Advanced Reporting all information necessary to complete said report. I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use, and request of such a copy be honored fully. This consent is subject to written revocation at anytime except to the extent that action has been taken in reliance there on. In any event, this consent shall expire upon the conclusion of said report.

Date: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names used: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names used: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Property/Complex Name: \_\_\_\_\_

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Address	City	State	Zip

