

180 Ferry Street NW, Albany, OR 97321 @ Office (541) 928-0156 Fax (541) 928-4456

Property Management Since 1979 www.lepmanproperties.com

RENTAL APPLICATION

Photo I. D. Required TODAY'S DATE: □ ALBANY □ LEBANON # OF BEDROOMS? ____DATE WANT: ____ PERSONAL INFORMATION (Email) PERSONAL INFORMATION(Email) Middle First Last Last Name(s) you are known by:____ Name(s) you are known by:____ Date of Birth: _____ Soc. Security #_____ Date of Birth: _____ Soc. Security #_____ Driver's License #_____State____ Driver's License #_____ State___ Home Phone Work Phone Home Phone Work Phone OCCUPANCY INFORMATION List all members of household who will be living in the residence. Relationship to Applicant Name: Last, First, Middle Birth date Social Security Number RENTAL HISTORY RENTAL HISTORY CURRENT Address:_ CURRENT Address:_ Number Number Street Street State State Own or Rent? _____ Monthly Payment? \$_____ Own or Rent? _____ Monthly Payment? \$_____ Dates of Occupancy: From:______To:_____ Dates of Occupancy: From:______To:_____ Landlord/Mortgage Co.: ______ Phone_____ Landlord/Mortgage Co.: ______ Phone_____ Reason for Moving?_____ Reason for Moving?_____ PREVIO<u>US</u> Address: __ PREVIOUS Address: Number Number Street Street Zip City State State City Own or Rent? _____ Monthly Payment? \$___ Own or Rent? _____ Monthly Payment? \$____ Dates of Occupancy: From:_____To:_____ Dates of Occupancy: From:_____To:_____ Landlord/Mortgage Co.: _____ Phone Landlord/Mortgage Co.: ______ Phone_____ Reason for moving?_ Reason for moving?_____ VEHICLE(S) List all in household MAKE:______MODEL:_____YEAR:_____COLOR:_____ TAG #:______ STATE:_____ INS. CO_____ LEGAL OWNER'S NAME: MAKE:______ MODEL:_____ YEAR:_____ COLOR:____ TAG #:______ STATE:_____ INS. CO_____

LEGAL OWNER'S NAME: _____

INCOME		INCOME			
Employer Name		Employer Name			
Complete Address		Complete Address			
Telephone #Po		Telephone #Position:			
Gross: Net Wages:	How Often:	Gross: Net Wages	s: How Often:		
Dates of Employment: From:	To:	Dates of Employment: From:To:			
OTHER Income? (You / member of	household receives, or will):	OTHER Income? (You / men	nber of household receives, or will):		
SourceAmt.	How Often?	Source	_AmtHow Often?		
Housing Assistance? Case Wo	orker Name	Housing Assistance? C	ase Worker Name		
TOTAL MONTHLY INCOM			NCOME: \$		
CREDIT FINANCIAL REFERENCE		STANDING			
NA	ME of COMPANY	PHON	NE# MO. PMTS		
AUTO LOAN(S)			\$		
FINANCE COMPANY			\$		
CHARGE CARDS			\$		
ADDITIONAL INFORMATION:	ADDI IES TO ANYONE NAM	MED ON THIS APPLICATION			
1. Do you have PETS? If ye					
2. Have you ever been arrested and co	nvicted of a felony? If yes	s, please explain:			
3. Have you ever broken, or in any ma	nner failed to honor, a lease or r	rental agreement? If yes, ple	ease explain:		
4. Have you ever changed your name?	If so, please list all previous	ous names:			
PERSONAL REFERENCES: GI	VE NAMES, ADDRE	 SS,	PHONE NUMBERS:		
# 1					
# 2					
# 3					
IN CASE OF EMERGENCY – WE NAME		<u>) CONTACT: (Someone oth</u>)NE #	er than vour roommate) Relationship		
Address			•		
NAME	PHC	State NF #	Relationship		
Address					
CERTIFICATION OF ACCURACY			Zip code		
	. ,	oriza Lanman Proparties to invest	tigate and obtain my/our credit rating		
I/We hereby certify that the informatic criminal/public records, current and records and any information necessary	oast rental records, employmen to determine my/our eligibility.	t history and any sources of inco	office to household, current/past utility		
I/We authorize any and all HOUS! household composition, and other fa			orior rental history, family income,		
I/We understand and accept that any	information provided that is i	ncomplete, inaccurate, or falsifie	ed shall be grounds for denial of the		
application or subsequent termination	of tenancy upon determination of	of such falsified information.			
I/We acknowledge and understand that	t ALL BLANKS MUST BE FILL	ED IN OR THIS APPLICATION	WILL NOT BE PROCESSED.		
I/We understand that due to changes it this application.	n circumstances, additional info	ormation may be requested at a la	ter date to complete the processing of		



180 Ferry Street NW, Albany, OR 97321 ◆ Phone (541) 928-0156 Fax (541) 928-4456

Property Management Since 1979

Applicant Screening Criteria

- **1. IDENTIFICATION:** Applicants shall provide two pieces of identification, Oregon photo I.D. or Oregon driver license and social security card.
- 2. APPLICANT PROCESS: Applicant is urged to review the screening criteria to determine if requirements can be met. Each applicant over 18 years old shall submit a completed application. Processing will not begin until all documents are submitted and verified. Acceptance or denial of the application may take up to five (5) days. Upon acceptance, applicant(s) may be required to sign a reservation agreement and pay a reservation deposit, sign a rental agreement and/or pay applicable fees and/or deposits.
- **3. RENT TO INCOME RATIO**: Combined income of all applicants shall be 3½ to 4½ times the rent.
- **4. SOURCE OF INCOME:** All sources of employment and non-employment income shall be legally obtained and verifiable. At the time of application, it shall be the obligation of the applicant to provide proof of income through tax returns, investment reports or other financial data, pay stubs or employer verification. Stability of the source and amount of income during the past five (5) years may be considered.
- **5. INCOME TO DEBT RATIO:** Housing and utilities shall not exceed 35% of total income. Installment debt payments shall not exceed 35% of total income. If the applicant does not have installment debts, income debt ratio for housing may be permitted to be up to 50% of income.
- **6. HOUSING REFERENCES:** The applicant(s) shall provide information necessary to verify current and previous rental history for the past five (5) years. Information obtained from those related by blood or marriage may require compliance with the variance policy. If the applicant's housing during the past five years has included home ownership, mortgage payment history shall be considered.
- **7. CREDIT WORTHINESS:** Credit worthiness may be determined from a credit report, which should reflect prudent payment history. Applicant(s) history should be free of evictions, judgements, collections and bankruptcies. A valid explanation may be considered by the owner/agent if provided by the applicant(s).
- **8. LIMITATIONS:** Rental unit is for residential use only. Occupancy may not exceed two (2) persons per bedroom. Parking may be limited to one (1) vehicle per unit. Pets are not permitted. The owner/agent will allow aid animals or modifications to the unit necessary to assist those with disabilities.
- **9. ARREST AND CONVICTIONS:** Arrests and/or convictions may be evaluated. Any individual whose occupancy could constitute a direct threat to the health or safety of other individuals or could result in physical damage to the premises shall be denied.
- **10. DEMEANOR AND BEHAVIOR:** The behavior and demeanor of applicants during the application process will be considered.
- **11. INCOMPLETE, INACCURATE, OR FALSIFIED INFORMATION:** Any information that is incomplete, illegible, inaccurate, or falsified may be grounds for rejection or termination of the rental agreement upon discovery.

VARIANCE POLICY: Failure to meet the screening criteria, as stated, may be grounds for:

- 1. Denial of the application, or
- 2. If a co-signer is accepted, such individual(s) will also be required to meet the screening criteria, and/or
- 3. Payment of an additional deposit.
- 4. Credit screening done by Equifax P.O. Box 740256 Atlanta, GA. 30374-0241



180 Ferry Street NW, Albany, OR 97321 ◆ Office (541) 928-0156 Fax (541) 928-4456 Property Management Since 1979

APPLICATION FEE

To process your application, a fee of \$20 is required for any applicant over 18 years of age, including co-signers. Make check payable to Lepman Properties.

CHECK OR MONEY ORDER ONLY! NO CASH!

This fee is used to obtain credit, criminal background and rental history information and to verify your income and/or employment.

This information is used by Lepman Properties to help us determine your success as our customer. If approved, you will be living in an expensive dwelling, so we want to know something about you.

The agency we will be using for this screening process is:

National Tenant Network

P.O. Box 21027 Keizer, Oregon 97303

You have the right to submit a statement to Lepman Properties, if you believe that the information Lepman Properties has received from National Tenant Network is incorrect.

This is a one-time fee. You will not be given a refund.

Signature	 	 	
Signature	· · · · · · · · · · · · · · · · · · ·	 ·····	· · · · · · · · · · · · · · · · · · ·
Signature			