

RESIDENTIAL GROUP

To be completed by Owner or Owner's Representative:

RENTAL APPLICATION (Conventional)
(Each person over 18 and not a dependent must submit a separate application)

COMMUNITY NAME:						
APT. NO. ASSIGNED:					LEASE TERM:	
STREET ADDRESS OF APT. NO						
RENTAL RATE OFFERED:						
CONCESSION OFFERED: DATE COMPLETED APPLICATION						
DATE APPLICANT NOTIFIED OF A						
DATE ATTECANT NOTITIED OF A	TTROVALIBLE	VIAL		1101		-
GENERAL INFORMATION ON APPLI	CANT					
First Name (Full Legal Name) M	liddle Initial	La	ıst Name		Social Secur	rity Number
Present Street Address City	/	State	Zip	Telephone No.		Email
Date of Birth	Drivers	License No	. and State	OR Govt. Issued	l Photo ID No.	
Have you ever been known under any of If Yes, please list:	other names o	or aliases?	Yes	□ No		
List States resided in for the past 10 ye	ars from this	application	date:			
List Counties/Parishes resided in for the How did you hear about us?			• •	2:		
(If Locator Service, please list com	pany and Ag	ent's Nam	ie)			_
CENERAL INFORMATION ON ADVICE	DEDENSE	T (:6	bl-\			
GENERAL INFORMATION ON ADULT			cable)			
First Name (Full Legal Name) M			ist Name		Social Secur	rity Number
	/	State	'	Telephone No.		Email
Date of Birth			. and State	OR Govt. Issued		
List States resided in for the past 10 ye List Counties/Parishes resided in for the						
EMPLOYMENT HISTORY ON APPLIC	ANT					
Name of Present Employer						
Employer's Street Address	City	State	Zip	Telephone No.	. Email	
Position Held with Present Employer		Gross Mo	nthly Income	Le	ength of Employm	nent
Supervisor's Name		-	Telephone Numb	er		
If current employment is less than 6 ma	onths nlease	complete n	revious employr	nent		
Name of Previous Employer	, p					
Previous Employer's Street Address	City	State	Zip	Telephone No.	. Email	
Position Held with Previous Employer			Gross Monthly In	<u> </u>	Length of Employ	vment
Previous Supervisor's Name			řelephone Numb			
CREDIT HISTORY				-		
Do you have any other non-work incom	ie vou want o	onsidered (alimony child co	innort investments	s)? 🗆 Yes	□ No
If ves, please explain:				apport, investments		
Have you or any other prospective resid	dents ever ow	ned a home	e?		☐ Yes	□ No
RENTAL AND CRIMINAL HISTORY -	List a minimu	ım of 24 m	onths of rental/r	mortgage history.		
Name of Present Landlord	Monthly	Rental Rat	te	Date Moved In	Date Mo	oved Out
Street Address	City	State	Zip	Telephone No		
Name of Previous Landlord Mol (immediately prior to the Present Landl (If Applicant and Applicant's Spouse are			Date Mo tion, name all La		Date Moved Out	
Street Address Have you or any other occupants listed not checked below):	City on this Applic	State cation ever			ent the answer is	
□ been evicted or asked to move out?□ broken a rental agreement or lease				eived deferred adjuated offense or a m		er a felony, a sex ves, please explain:
□ been or are currently delinquent to	a previous lar					
 declared bankruptcy; if so, when?: been convicted for either a felony, a a misdemeanor? If yes, please exp 	sex-related of	offense or	adj	en arrested for any udicated (by dismis conviction)? If yes	ssal, acquittal, de	ferred adjudication
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Name		Social Security Number			Relationship to App	olicant
Date of Birth	Drivers Lice	nse No. and State OR Govt.	Issued Photo ID N		M /	F
Name	Differs fice	Social Security Number	133464 1 11010 12 1		Relationship to App	
	Duivers Lies	·	Tagged Dhata ID N		M /	F
Date of Birth	Drivers Lice	nse No. and State OR Govt.	Issued Photo ID I		Sex	
Name		Social Security Number			Relationship to App M /	
Date of Birth	Drivers Lice	nse No. and State OR Govt.	Issued Photo ID N	No.	Sex	(
ANIMALS Do you or any othe	r prospective resident or occ	upant have an animal?	Yes □ No If ye	es, please list	::	
Туре	Breed	Weight	Color	Age	Name	
Туре	Breed	Weight	Color	Age	Name	
YOUR VEHICLE(S) If Applicant will be parking	a vehicle on the property, p	please provide the	following info	ormation:	
Vehicle Type (car, ı	notorcycle, truck)	Make of Vehicle	Model	Year	State/License Pla	ite No.
Vehicle Type (car, ı	motorcycle, truck)	Make of Vehicle	Model	Year	State/License Pla	ite No.
EMERGENCY In ca	se of emergency, notify (pre	ferably a relative over the a	ge of 18 years):			
Name	Relationship	Address	Home Phone	No.	Work Pho	ne No.
the Owner, in the e time and in the pre contents found in th Applicant's security	e Applicant becomes a reside vent of the Applicant's death sence of the Owner or the Owne Applicant's unit or any of A deposit, less lawful deduction unit as well as property in the	to: (i) grant to the person d wner's agent; (ii) allow this p pplicant's property located in ns, to this person. Applicant	esignated above accepts on to remove and the mailbox, store also authorizes the	ccess to the A any of the Ap erooms or com Owner to allo	Applicant's unit at a plicant's property conmon areas; and (iii) by this person acces	reasonabler any other) refund these to remov
consumer report in	<i>istrative Fee will be automati</i> cludes information as to char	racter, general reputation, p	ersonal characteris	stics, and mo		ever are
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Date:

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