



OREGON
RENTAL APPLICATION
TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT
TO AVAILABILITY



IPM INCOME
PROPERTY
MANAGEMENT CO.

PROPERTY NAME / NUMBER Park Village 670

UNIT NUMBER _____ ADDRESS 4509 SW Vermont st.

DATE UNIT WANTED _____ UNIT RENT \$ _____ SCREENING CHARGE \$ 40.00

OWNER / AGENT Income Property Management Company PHONE (503) 246-3695

STREET ADDRESS 721 SW Oak Street, Suite 100, Portland, OR 97205

SMOKING POLICY: SMOKING ALLOWED - ENTIRE PREMISES SMOKING PROHIBITED - ENTIRE PREMISES
 SMOKING ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

APPLICANT FULL LEGAL NAME _____ **EMAIL** _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ SOC. SECURITY # _____ DRIVER'S LICENSE # / STATE _____

APPLICANT PHONE (_____) _____ CELL (_____) _____

PRESENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE YOU MOVED IN _____

CURRENT LANDLORD NAME _____ **LANDLORD PHONE** (_____) _____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FROM _____ TO _____

FORMER LANDLORD NAME _____ **LANDLORD PHONE** (_____) _____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ STATE _____ ZIP _____

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

PRESENT EMPLOYER _____ **PHONE** (_____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ **HOW LONG? (DATE HIRED)** _____

GROSS PAY \$ _____ OTHER INCOME \$ _____ SOURCE _____

PREVIOUS EMPLOYER _____ **PHONE** (_____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ **HOW LONG?** _____

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT

THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.

UNIT RENT	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

DEPOSITS

SECURITY DEP. MINIMUM	\$ _____
SECURITY DEP. MAXIMUM	\$ _____
(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)	
OTHER	\$ _____
OTHER	\$ _____
OTHER	\$ _____
OTHER	\$ _____
OTHER	\$ _____
OTHER	\$ _____

FEES

LATE RENT PAYMENT FEE	\$	<u>50.00</u>
LEASE BREAK FEE		
(NOT TO EXCEED 1½ X RENT)		
(1½ X MONTHLY STATED RENT IF BLANK)	\$	
DISHONORED CHECK FEE OF \$25 + BANK CHARGES		
SMOKE ALARM/CARBON MONOXIDE ALARM TAMPERING FEE	\$	<u>50.00</u>
NON-COMPLIANCE FEE*	\$	<u>50.00</u>
1. LATE PAYMENT OF UTILITY		
2. FAILURE TO CLEAN PET WASTE		
3. FAILURE TO CLEAN GARBAGE/RUBBISH		
4. PARKING VIOLATIONS OR IMPROPER USE OF VEHICLES		
*NOT TO EXCEED \$50 PER NON-COMPLIANCE		

APPLICANT'S INITIALS _____

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)

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REFERENCES

BANK _____ BANK _____

HAVE YOU ESTABLISHED RETAIL CREDIT? YES NO

RELATIVE / PARENT _____ PHONE (_____) _____

ADDRESS _____

EMERGENCY CONTACT _____ PHONE (_____) _____

ADDRESS _____

HAVE YOU EVER BEEN EVICTED? YES NO IF YES, DATE _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR? YES NO IF YES, WHO _____ WHERE _____ WHEN _____

WHAT _____

OTHER OCCUPANTS

NAME	DATE OF BIRTH	VEHICLES	MAKE	MODEL	STATE	LICENSE PLATE #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHER

ANIMALS (SUBJECT TO APPROVAL BY MANAGEMENT) NUMBER & TYPE: _____

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

DO YOU HAVE RENTER'S INSURANCE? YES NO

APPROVAL

Why are you vacating your present place of residence? _____

Have you given legal notice where you now live? YES NO How did you hear about our property? _____

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME HOF Investigations PHONE (541) 343-2521

ADDRESS 1111 Pearl St., Eugene, OR 97401

If the application is approved, applicant will have _____ hours from the time of notification to either execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

GOOD FAITH ESTIMATE

Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: _____ unit(s).

Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).

If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. 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 and read the Owner/Agent's rental criteria.

APPLICANT X _____ DATE _____ PICTURE I.D. VERIFIED BY _____

OWNER/AGENT X _____ DATE RECEIVED _____ TIME RECEIVED _____ (INITIALS)

OWNER/AGENT NOTES _____
