



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON RENTAL APPLICATION

TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS
SUBJECT TO
AVAILABILITY



OFFICE USE ONLY

NEW MOVE-IN OCCUPANT TURNING 18 ADD/REMOVE ROOMMATE TRANSFER

PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ ADDRESS _____

DATE UNIT WANTED _____ UNIT RENT \$ _____ NON-REFUNDABLE SCREENING CHARGE \$ _____

OWNER / AGENT _____ PHONE _____

OWNER / AGENT ADDRESS _____

SMOKING POLICY: ALLOWED - ENTIRE PREMISES PROHIBITED - ENTIRE PREMISES 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 # _____ APPLICANT PHONE (_____) _____

GOVERNMENT ISSUED PHOTO I.D. TYPE _____ # _____ / STATE _____ EXP. DATE _____

CURRENT 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 _____

CURRENT EMPLOYER _____ PHONE (_____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ HOW LONG? _____

GROSS MONTHLY INCOME \$ _____

OTHER MONTHLY INCOME: SOURCE _____ \$ _____ / SOURCE _____ \$ _____

ARE YOU SELF-EMPLOYED? YES NO

PREVIOUS ADDITIONAL EMPLOYER _____ PHONE (_____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ HOW LONG? _____

IF ADDITIONAL EMPLOYER, GROSS MONTHLY INCOME \$ _____

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.	DEPOSITS	SECURITY DEP. MINIMUM \$ _____	INSURANCE	<input checked="" type="checkbox"/> IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED.
	MAXIMUM POTENTIAL RENT \$ _____		SECURITY DEP. MAXIMUM \$ _____		<input type="checkbox"/> IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED IF _____
	\$ _____		(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)		MINIMUM INSURANCE AMOUNT: \$ _____
	\$ _____				(\$100,000 IF LEFT BLANK)
	\$ _____				OWNER/AGENT MUST BE LISTED AS AN "INTERESTED PERSON" ON THE INSURANCE POLICY AND PROOF OF SUCH LISTING PROVIDED PRIOR TO MOVE-IN.
	\$ _____				(NO INSURANCE WILL BE REQUIRED IF: A) THE HOUSEHOLD INCOME OF ALL OF THE TENANTS IN THE UNIT IS EQUAL TO OR LESS THAN 50 PERCENT OF THE AREA MEDIAN INCOME, ADJUSTED FOR FAMILY SIZE AS MEASURED UP TO A FIVE-PERSON FAMILY; OR B) IF THE DWELLING UNIT HAS BEEN SUBSIDIZED WITH PUBLIC FUNDS, NOT INCLUDING HOUSING CHOICE VOUCHERS.)

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)

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OTHER OCCUPANTS

NAME	DATE OF BIRTH	MAKE	MODEL	COLOR	STATE	LICENSE PLATE #
_____	MM/DD/YYYY	_____	_____	_____	_____	_____
_____	MM/DD/YYYY	_____	_____	_____	_____	_____
_____	MM/DD/YYYY	_____	_____	_____	_____	_____
_____	MM/DD/YYYY	_____	_____	_____	_____	_____
_____	MM/DD/YYYY	_____	_____	_____	_____	_____

VEHICLES

OTHER

IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

IF CHECKED, PETS ARE ALLOWED SUBJECT TO APPROVAL BY MANAGEMENT. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

DO YOU HAVE RENTER'S INSURANCE? YES NO

EMERGENCY CONTACT _____ PHONE (____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (____) _____

ADDRESS _____

HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY IN THE EVICTION PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? 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 _____

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? _____

SCREENING

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 _____ PHONE _____

ADDRESS _____

EMAIL _____

If the application is approved, applicant will have _____ hours from the time of notification to either, at Owner/Agent's option, 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.

SIGNATURE

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 _____ PHOTO I.D. VERIFIED BY _____ (INITIALS)

OWNER/AGENT X _____ DATE RECEIVED _____ TIME RECEIVED _____

OWNER/AGENT NOTES _____

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)

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541.388.1382

25 NW Minnesota Ave. Suite 8, Bend OR 97709

APPLICATION SCREENING GUIDELINES

****We require you or someone on your behalf to view the property before being eligible to apply****

Please complete the entire application and return to our office, with the \$40.00 application screening charge, PER PERSON 18 years and over. This charge must be paid in cash or money order. Once the application is approved, we require immediate payment of the deposit to guarantee and hold the unit. If the deposit is not received within 24 hours of being approved, the application will be taken out of line.

NO SMOKING OR VAPING IS ALLOWED IN THE UNITS OR ON THE PROPERTY.

APPLICATION PROCESS

- We offer application forms to anyone who inquires about the rental.
- We review completed applications in the order we receive them.
- We may require up to 3-5 business days to verify information on the application.

SCREENING GUIDELINES

Complete Application

- We will not review incomplete applications. Applications submitted without the screening charge will be incomplete and will not be processed.
- We will accept the first qualified applicant(s).
- Applicants must show a government issued photo identification card.

Prior Rental History

- Favorable rental history of 2 years must be verified from unbiased/unrelated sources.
- Applicants must provide us with the information necessary to contact past landlords. We reserve the right to deny any application if, after making a good faith effort, we are unable to verify prior rental history.
- No evictions within the past 5 years. We do not consider evictions which resulted in a dismissal or a general judgement for the applicant.

Income/Resources

- Consistent net household income shall be at least 3 times the monthly rent. (excluding utilities)
- Income must be verifiable through current pay stubs; award letters for Social Security, alimony, child support, welfare, utility or housing assistance current tax records; or bank statement. (attach with application) Length of employment will be considered.

Credit/Criminal/Public Records Check

- Negative reports may result in denial of application. Negative reports include, but are not limited to: late payments, collections, judgements, and total debt load. Less than 600 credit score: Denial. 600+ credit score: could result in denial or additional deposit.
- Criminal convictions or pending charges may result in the denial, including, but are not limited to: any drug-related crime, a person crime, a sex offense, a crime involving financial fraud, including identity theft or forgery, or any other crime in the conduct for which the applicant was convicted or charged is of a nature that would adversely affect the property of the landlord or a tenant or the health, safety or right to a peaceful enjoyment of the premises of residents, the landlord or the landlords agent.

Explanations/Exceptions

- All applicants may submit a written explanation with their application if there are extenuating circumstances which require additional consideration.
- If, after making a good faith effort, we are unable to verify information on your application, or if you fail to pass any of the screening criteria, the application process will be terminated.
- A note about pets: If you are a pet owner and the home you are applying for states "Pets Considered", it may or may not be accepted the property owner. An increased security deposit will also be required in the amount of \$500, per pet. Please include a photo of the pet with your application. A copy of the pet's latest vaccination is required at the signing of the rental agreement.
- Exceptions may be made for applicants with an increased deposit and/or qualified co-signers at the sole discretion on the Owner/Agent.



(800) 228-1837 * * FAX (800)-604-2201
www.tenantdata.com

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that TENANT DATA SERVICES, (TDS, Inc.), will be processing my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release, to ASI, Inc., all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand TDS, Inc. has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize ASI, Inc. to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this _____ Day of _____ Year _____

Applicant's LEGAL NAME _____

Applicant's Signature: _____

Spouse's LEGAL NAME: _____

Spouse's Signature _____

Applicant SS#: _____ Applicant Date of Birth: _____

Spouse SS#: _____ Spouse Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Applicants Phone # _____

Business Requesting Report: VELOCITY PROPERTY MANAGEMENT

LINDSAY Ordered By 541-388-1382 Phone velocitypm@gmail.com Fax 97360113 Account Number

IMPORTANT: IF APPLICANT'S ARE NOT MARRIED, SEPARATE APPLICATIONS MUST BE FILLED OUT
Please select the type of report you require by checking the appropriate box

SILVER REPORT
Credit Report

GOLD REPORT
Credit Report, Felony & Misdemeanor
Check, Eviction Check

PLATINUM REPORT
Credit Report, Eviction Check
Felony & Misdemeanor Check
Rent Verification, Verification of Employment
(Include Application, to Rent for platinum)

ADDITIONAL REPORT OPTIONS

<input type="checkbox"/>	Business Credit Report
<input type="checkbox"/>	Multi- State Criminal
<input type="checkbox"/>	Additional State - Criminal
<input type="checkbox"/>	State(s):
<input type="checkbox"/>	Additional State - Eviction
<input type="checkbox"/>	State(s):
<input type="checkbox"/>	Landlord Verification
<input type="checkbox"/>	AIM
<input type="checkbox"/>	Employment Verification

Reports can be faxed back to us at 1-800-604-2201 or emailed to cs@tenantdata.com



541.388.1382
25 NW Minnesota Ave. Suite 8, Bend OR 97709

APPLICANT SCREENING CHARGE RECEIPT

Name: _____

Rental Address: _____

City: _____ State: _____ Zip: _____

Fee Amount: \$40.00 (cash or money order)

“Application Screening Charge” means any non-refundable payment of money charged by a landlord of a prospective tenant or applicant prior to entering into a rental agreement with that applicant for a residential dwelling unit, the purpose of which payment is to process an application for a rental agreement for a residential dwelling unit. If your application is **not processed**, the screening charge will be returned.

- I understand that renter’s insurance is a **requirement** of our tenancy, if our application is approved. (Exceptions may apply, see Oregon Senate Bill 91 Section 2.8) The required amount of insurance is \$100,000.
- I will bring proof of renter’s insurance 24 hours prior to your move-in.
- I understand that a deposit is required to guarantee and hold the unit within 24 hours of being approved. If for any reason I fail to rent the unit, the execution deposit is non-refundable.

Fee Disclosure:

Amounts listed below are subject to change before the rental agreement is executed.

Landlord may charge the following non-compliance fees:

- Late charge of \$100 per occurrence
- Smoke alarm & carbon monoxide alarm tampering fee of \$250 per occurrence
- Dishonored check fee of \$35 per occurrence plus amount charged by bank
- Early termination fee equal to 1 ½ times the monthly rent

I have read, understood and had any questions answered regarding the above information.

Application: _____ Date: _____

I hereby acknowledge the receipt of the above mentioned applicant screening charge.

Agent for owner: _____ Date: _____