

## APPLICATION FOR RENTAL

FORM 1A

	PRINT CLEARLY AND LEGIB	3LY	CO		APPLICATION		
ORD ation	THIS SECTION TO BE COMPLETED BY LANDLORD PRIOR TO DISTRIBUTION  Date: Applicant Screening Charge: \$_50.00 Rent \$ Requested Move In Date:						
	Landlord Telephone #_541 754-0928 Fax #_541 754-0944 Contact Person: Amanda, Patrick,						
LANDLORD Information To be completed by landlord or agent	Owner/Agent and Name and Complete Address of Property: Elite Property Management  Landlord's mailing address, if different than property address.  Elite Property Management  351 NW Jackson Ave STE 2  Copyallis Oregon 97330						
Applicant Personal Information	Applicant's Legal Name: Last	First	Middle	Social Security Number	Date of Birth		
	Driver's License # & State		Home Phone #	Work Phone #	Total # of Occupants		
	Names of other applicants over 18 submitted with this application:						
	All occupants 18 years of age or older must complete a separate application. Occupants 17 years of age or younger must be listed.  #1 Name						
	#2 Name		DOB	SSN			
			DOB	SSN			
o se la contr	If necessary, list additional occupants under 18 on reverse side.						
	Currently own? Rent? Have you ever been evicted? Reason for vacating present residence						
ou ce	Amount of rent or mortgage. \$	Da	ate of Move in:	Anticipated Date of	f Move:		
Current Residence Information	Current address including city, state, zip:						
₩ <u>=</u>	Name, address and phone number of current landlord. If own, name, address and phone number of mortgage company.						
Previous Residence Information	Own? Rent? Amount of ren Reason for vacating		Date of Move i	n: Date of Move or	ut:		
	Previous address including city, state, zip:						
	Name, address and phone number of previous landlord. If owned, name, address and phone number of mortgage company.						
of of	Total Monthly Income: Gross/Net Source of income: Self Employed?Investment/Retirement?Employed?						
s ar nts c	Frequency of income:	Other (list all sources, amounts and frequency)					
Sources and Amounts of Income	If employed, name and address of company:						
0)	Date of Hire:	Position:		Name and phone number of sup	pervisor:		
during occu termination	nereby certifies the information provided is to application. Information provided may be upancy. Applicant understands and accepts of tenancy upon determination of such falsifier of Applicant	e made available to othe s that any information pr	er services or agencies ovided that is incomplet	for verification either during the ap	plication process or if approved		
Office U	se: Picture identification verified [	] Yes, [] No Inc	ome documentatio	n provided by applicant? []	Yes: [1 No		
Date:	[] Credit check; [] Public				[] Accepted []		
APPLICANT: COMPLETE INFORMATION ON THE REVERSE SIDE.  IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED.							
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Applications need to be returned to our office no later than \_\_\_\_\_By\_\_\_\_THIS IS A YEAR LEASE!

Deposit of \$\_\_\_\_\_is due within 24 hours after you have been approved by Cashiers check, Money Order, or Cash

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## No Account Number Below PLEASE!!

FINANCIAL INFORMATION	AUTOMOBILES, OTHER VEHICLES
CREDIT HISTORY OF APPLICANT:	Type/Make/Model License #
Is credit of applicant combined with another ☐ or individual ☐ #1 Bank Acct. #	
☐Checking ☐ Savings	
Name and Branch:	
#2 Bank Acct. 挨	
☐ Checking ☐ Savings	
Name and Branch:  List all outstanding debts  Creditor Total Due Payment	
Creditor Total Due Payment	
	Number of parking spaces needed:
	DV MORILE MANUEACTURED OR EL CATING
	RV, MOBILE, MANUFACTURED OR FLOATING HOME STRUCTURE INFORMATION
	Make:Model:_N/A
	Size: WidthLengthYear:
TOTAL AMOUNT DUE \$	I.D. #N/A Plate #N/A
TOTAL AMOUNT DOE \$ TOTAL MONTHLY PAYMENTS \$	New Used If newly purchased, purchased from:
Use additional paper if necessary	Name:N/A
ADDITIONAL OCCUPANT INFORMATION	Address: N/A
In addition to applicants listed on front, list names, date of	Bal. owed: \$N/A Current Market Value: \$N/A
birth and social security numbers for additional individuals	Tip-out or add-on: Left Side ☐ Right Side ☐
under 18 to occupy the unit.	Legal owner: N/A
#4 Name:	Lienholder nameN/A
DOB: SS#	Address: N/A
#5 Name:	
DOB:	City, State, Zip:N/A
#6 Name:	Loan #:N/A
DOB: SS#	
#7 Name:	CREDIT INFORMATION
DOB: SS#	Federal and state law allows an individual to place a
0011	"freeze" on the availability of the credit report,
OTHER IMPORTANT INFORMATION NEEDED	preventing the landlord from obtaining a copy. If you
Yes No	have done this, it may be necessary for you to release
Have you been convicted of a felony?	access which may delay the processing of your
Do you have renters insurance	application.  ☐ Yes, I have a freeze on the availability of my credit
Do you have a vacuum cleaner?	report.
Do you have a broom?	☐ No, my credit report is available for release to the
Do you have cleaning supplies?   Do you have furniture?	landlord.  I will obtain the free report available by federal law from
Do you have a waterbed?	ANNUALREPORT.com and provide a copy to the
Do you use a musical instrument?	landlord
Do you or members of your family	Provide additional information or explanations
smoke?	needed to verify the application and its contents.
Do you have pets or other animals	
If so, type: Do you have fish in an aquarium?	
Size of tank:	
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Not to be reprinted without written permission of MFHCO. To r DO YOU REQUEST SATELLITE INSTALLATION? YES	
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DO YOU HAVE A PO BOX YES\_\_\_\_\_#\_\_\_\_NO \_\_\_\_