



APPLICATION FOR RENTAL

FORM 1A

One application per potential occupant 18 years of age or older
PRINT CLEARLY AND LEGIBLY..... COMPLETE BOTH SIDES OF APPLICATION

LANDLORD Information To be completed by landlord or agent

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, Tamra

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
Corvallis, 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 | DOB | SSN | | |
| #2 Name | DOB | SSN | | |
| #3 Name | DOB | SSN | | |
| If necessary, list additional occupants under 18 on reverse side. | | | | |

Current Residence Information

Currently own? ___ Rent? ___ Have you ever been evicted? ___ Reason for vacating present residence: _____

Amount of rent or mortgage. \$ _____ Date of Move in: _____ Anticipated Date of Move: _____

Current address including city, state, zip: _____

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 rent or mortgage: _____ Date of Move in: _____ Date of Move out: _____

Reason for vacating: _____

Previous address including city, state, zip: _____

Name, address and phone number of previous landlord. If owned, name, address and phone number of mortgage company. _____

Sources and Amounts of Income

| | | |
|---|---|--------------------------------------|
| Total Monthly Income: Gross/Net | Source of income: Self Employed? ___ Investment/Retirement? ___ Employed? ___ | |
| Frequency of income: | Other (list all sources, amounts and frequency) | |
| If employed, name and address of company: _____ | | |
| Date of Hire: | Position: | Name and phone number of supervisor: |

Applicant hereby certifies the information provided is true and correct and authorizes the landlord/agent to make any and all inquiries necessary to including credit* to evaluate this application. Information provided may be made available to other services or agencies for verification either during the application process or if approved during occupancy. Applicant understands and accepts that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial or subsequent termination of tenancy upon determination of such falsified information. *See reverse side for additional information regarding credit report availability.

Signature of Applicant _____ Date: _____

Office Use: Picture identification verified [] Yes, [] No Income documentation provided by applicant? [] Yes; [] No
Date: _____ [] Credit check; [] Public record [] "For sures" only [] Employment verification [] Accepted []

APPLICANT: COMPLETE INFORMATION ON THE REVERSE SIDE.
IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED.

No Account Number Below PLEASE!!

| FINANCIAL INFORMATION | | |
|--|------------------|----------------|
| CREDIT HISTORY OF APPLICANT: | | |
| Is credit of applicant combined with another <input type="checkbox"/> or individual <input type="checkbox"/> | | |
| #1 Bank Acct. # _____ | | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| Name and Branch: _____ | | |
| #2 Bank Acct. # _____ | | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| Name and Branch: _____ | | |
| List all outstanding debts | | |
| Creditor | Total Due | Payment |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTAL AMOUNT DUE \$ _____ | | |
| TOTAL MONTHLY PAYMENTS \$ _____ | | |
| Use additional paper if necessary | | |

| ADDITIONAL OCCUPANT INFORMATION | |
|--|------------|
| In addition to applicants listed on front, list names, date of birth and social security numbers for additional individuals under 18 to occupy the unit. | |
| #4 Name: _____ | |
| DOB: _____ | SS # _____ |
| #5 Name: _____ | |
| DOB: _____ | SS # _____ |
| #6 Name: _____ | |
| DOB: _____ | SS # _____ |
| #7 Name: _____ | |
| DOB: _____ | SS # _____ |

| OTHER IMPORTANT INFORMATION NEEDED | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Have you been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have renters insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a vacuum cleaner? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a broom? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have cleaning supplies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have furniture? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a waterbed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use a musical instrument? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or members of your family smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have pets or other animals | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, type: _____ | | |
| Do you have fish in an aquarium? | <input type="checkbox"/> | <input type="checkbox"/> |
| Size of tank: _____ | | |

| AUTOMOBILES, OTHER VEHICLES | |
|--|-----------|
| Type/Make/Model | License # |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Number of parking spaces needed: _____ | |

| RV, MOBILE, MANUFACTURED OR FLOATING HOME STRUCTURE INFORMATION | |
|--|--------------------------|
| Make: _____ | Model: _____ |
| Size: Width _____ | Length _____ Year: _____ |
| I.D. # _____ | Plate # _____ |
| New <input type="checkbox"/> Used <input type="checkbox"/> If newly purchased, purchased from: | |
| Name: _____ | |
| Address: _____ | |
| Bal. owed: \$ _____ Current Market Value: \$ _____ | |
| Tip-out or add-on: Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> | |
| Legal owner: _____ | |
| Lienholder name _____ | |
| Address: _____ | |
| City, State, Zip: _____ | |
| Loan #: _____ | |

| CREDIT INFORMATION |
|--|
| Federal and state law allows an individual to place a "freeze" on the availability of the credit report, preventing the landlord from obtaining a copy. If you have done this, it may be necessary for you to release access which may delay the processing of your application. |
| <input type="checkbox"/> Yes, I have a freeze on the availability of my credit report. |
| <input type="checkbox"/> No, my credit report is available for release to the landlord. |
| <input type="checkbox"/> I will obtain the free report available by federal law from ANNUALREPORT.com and provide a copy to the landlord |

Provide additional information or explanations needed to verify the application and its contents.