

APPLICATION FOR RENTAL

*Locust Street Apartments
Walt Wells Rentals
Office: P.O. Box 56/ 6995 Third Street
Turner, OR 97392

Phone: 503-743-4630
Fax: 503-743-3730

* THIS IS A NON-SMOKING APARTMENT COMMUNITY

Referred by:
Type of Unit Requested:
Anticipated Date of Move In:

Legal Name (First & Last) Social Security Number Date of Birth

Driver License #/Issuing State Daytime Phone Number Total # of Occupants

Legal Names of Co-Applicants (Anyone 18 years of age or older must complete a separate application)

Name of all occupants 17 years of age or younger:

Name (First & Last): Date of Birth:
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Residence Information must be completely filled out to process the application.

Current Residence:

Own? Rent? Move in Date (mm/yyyy): Anticipated Move Out Date (mm/yyyy):
Amount of monthly rent or mortgage: Reason for vacating:
Street Address: Apt #:
City, State & Zip:
Name and telephone number of current landlord or Mortgage Company:
Are you related to the landlord? Are you a friend to the landlord? Are you living with the landlord?

Previous Residence:

Own? Rent? Move in date (mm/yyyy): Move out date (mm/yyyy):
Amount of monthly rent or mortgage: Reason for vacating:
Street Address: Apt #:
City, State & Zip:
Name and telephone number of previous landlord or Mortgage Company:
Are you related to the landlord? Are you a friend to the landlord? Are you living with the landlord?

Please list any additional rental information on a separate sheet of paper or on the back of your rental application.

Monthly Income:

Source of Income (List All): Monthly Net Income:
Company Name:
Street Address, City, State: Company Phone Number:
Supervisor Name: Date of Hire(mm/yyyy): Position:

If current employment is less than 6 months, list previous employers name, number and dates of hire on the back of the application.

Your vehicle Information: Please list vehicle Make, Model, Color, Year & License Plate Number

Vehicle(s):

Have you ever been evicted? Have you or anyone else who will be occupying the unit ever been convicted of, pled guilty or no contest to any

Felony? Yes No If Yes, Who? (Please explain felony on back of application) Have you ever filed bankruptcy? If yes, When?

Do you have pets or other animals? Type: Do you intend to use an Aquarium If yes, size?

Applicant certifies that the information provided is true and correct. Applicant authorizes the landlord/agent to make any and all necessary inquires to determine if applicant meets our rental criteria. Information provided may be made available to other agencies for verification during the application process and potentially during occupancy if approved. Any information provided that is incomplete, inaccurate or falsified shall result in a denial of application or subsequent termination of tenancy upon such time that the information is determined untrue.

Applicants Signature: Date:



Date/Time Received: Received By: