APPLICATION FOR RENTAL

Pioneer Court Apartments 1431 Westfall Place Stayton, OR 97383 Phone: 503-769-4327 Fax: 503-769-4327

Referred by:	
Type of Unit Requested:	
Anticipated Data of Mary	Tma

Stayton, OR 97383	4X. 303-707-4327	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 (Anyon	ne 18 years of age or older must complete a sepa	nrate application)
Name of all occupants 17 years of age	or younger:	
Name (First & Last):		Date of Birth:
Name (First & Last):		Date of Birth:
		Date of Birth:
		Date of Birth:
Current Residence:	idence Information must be completely filled or	<u>it to process the application.</u>
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 current landlo	rd or Mortgage Company:	
Are you related to the landlord?	Are you a friend to the landlord?	Are you living with the landlord?
Previous Residence:		
	Move in date (mm/yyyy):	Move out date (mm/yyyy):
Amount of monthly rent or mortgage:	Reason for vacating:	
		Apt #:
City, State & Zip:		
		Are you living with the landlord?
·	on a separate sheet of paper or on the back of your	
Mandala Tarana		
Monthly Income:	10 01 0	
	ed?Other?	Frequency of Income?
		Company Phone Number:
	Date of Hire(mm/yyyy):	
	s, list previous employers name, number and dates of	
if current employment is less than o months	s, use previous employers hame, humber and dates of	me on the back of the application.
	e Make, Model, Color, Year & License Plate Number	
Have you ever been evicted?Ha	ave 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 applicati	on) Have you ever filed bankruptcy? If yes, When?
Do you have pets or other animals?	_Type:Do you intend to use an Aquariu	umIf yes, size?
Information provided may be made available to other		any and all necessary inquires to determine if applicant meets our rental criteria. entially during occupancy if approved. Any information provided that is incomplete information is determined untrue.
Applicants Signature:		Date:
CASCADE RENTAL MANAGEMENT CO.		
Turner, Oregon	Date/Time Received:	Received By: