APPLICATION FOR RENTAL

La Creole Apartments

Phone: 503-623-7963

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

Dallas, OR 97338	ax: 505-851-0028	Anticipated Date of N	ed: Move In:
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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 sep	parate 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	out to process the application.	
	Move in Date (mm/yyyy): Anti	cipated Move Out Date (mm/yyyy)	:
	Reason for vacating:		
Street Address:		Apt #:	
City, State & Zip:			
Name and telephone number of current landle	ord <u>or</u> Mortgage Company:		
Are you related to the landlord?	Are you a friend to the landlord?	Are you living with the	e landlord?
Previous Residence:			
<u> </u>	Move in date (mm/yyyy):	Move out date (mm/v	vvv):
	Reason for vacating:		
	lord or Mortgage Company:		
Are you related to the landlord?			
· ·	n on a separate sheet of paper or on the back of you		
•		11	
Monthly Income:			
= :			
	D. CH. (/)		
Supervisor Name:	Date of Hire(mm/yyyy):		
if current employment is less than 6 month	is, list previous employers name, number and dates	of thre on the back of the applicat	1011.
	e Make, Model, Color, Year & License Plate Numbe		
Have you ever been evicted?H	ave you or anyone else who will be occupying the un	it ever been convicted of, pled gui	ilty or no contest to any
Felony? □ Yes □ No If Yes, Who?	(Please explain felony on back of applica	tion) Have you ever filed bankru	ptcy? If yes, When?
Do you have pets or other animals?	_Type:Do you intend to use an Aquar	iumIf yes, size?	
Information provided may be made available to oth	true and correct. Applicant authorizes the landlord/agent to mai er agencies for verification during the application process and p ication or subsequent termination of tenancy upon such time th	otentially during occupancy if approved.	
Applicants Signature:		_ Date:	
CASCADE RENTAL MANAGEMENT CO			
Turner, Oregon	Date/Time Received:		Received By: