APPLICATION FOR RENTAL

Oakview Apartments 590 Hatton Lane Junction City, OR 9744 Phone: 541-998-5802 Fax: 541-998-9627

Referred by:	
Type of Unit Requested:	
Antiginated Data of Mayo Inc	

Junction City, OR 97448	Anticipated Date	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	e 18 years of age or older must complete a sepa	arate application)		
Name of all occupants 17 years of age o	r younger:			
Name (First & Last):		Date of Birth:		
Name (First & Last):		Date of Birth:		
` /		Date of Birth:		
,				
Name (First & Last):		Date of Birth:		
Residence:	lence Information must be completely filled or	<u>it to process the applicati</u>	<u>on.</u>	
Own?Rent?M	ove in Date (mm/yyyy):Antic	ipated Move Out Date:		
	Reason for vacating:			
City, State & Zip:				
	d or Mortgage Company:			
	Are you a friend to the landlord?			
Previous Residence:				
	Move in date (mm/yyyy):	Move out date (mi	m/vvvv):	
	Reason for vacating:			
	ord or Mortgage Company:			
	Are you a friend to the landlord?			
	on a separate sheet of paper or on the back of your			
Monthly Income:				
1 7				
		Company Phone Number:		
Supervisor Name:			n:	
If current employment is less than 6 months,	list previous employers name, number and dates of	hire on the back of the appli	ication.	
	Make, Model, Color, Year & License Plate Number			
Have you ever been evicted? Have	ve 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 ban	kruptcy? If yes, When?	
Do you have pets or other animals?	Type:Do you intend to use an Aquariu	ımIf yes, size?		
Information provided may be made available to other	te and correct. Applicant authorizes the landlord/agent to make agencies for verification during the application process and pot ation or subsequent termination of tenancy upon such time that	entially during occupancy if appro-	ved. Any information provided that is incompl	
Applicants Signature:		Date:		
CASCADE RENTAL MANAGEMENT CO.				
Turner, Oregon			Received By:	