APPLICATION FOR RENTAL

Iris Meadow Apartments

Phone: 503-390-9259

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

4237-4299 Meadowbrook Court Office: 1065 Willow Lake Road Keizer, OR 97303	Fax: 503-393-5532	Type of Unit Requested:Anticipated Date of 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 (A	nyone 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:
Name (First & Last)	:	Date of Birth:
Name (First & Last)	<u>:</u>	Date of Birth:
Name (First & Last)	:	Date of Birth:
	Residence Information must be completely fills	ed out to process the application.
Current Residence:	-	-
		Anticipated Move Out Date(mm/yyyy):
		A A
		Apt #:
**		
	Are you a friend to the landlord?	
Previous Residence:		
	Move in date (mm/yyyy):	Move out date (mm/yyyy):
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 inform	nation 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:		
	Company Phone Number:	
=	Date of Hire(mm/yyyy):	
If current employment is less than 6 m	onths, list previous employers name, number and dat	tes of hire on the back of the application.
	ehicle Make, Model, Color, Year & License Plate Nun	
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
		lication) Have you ever filed bankruptcy? If yes, When?
Do you have pets or other animals? _	Type:Do you intend to use an Aqu	uariumIf yes, size?
Information provided may be made available		make any and all necessary inquires to determine if applicant meets our rental criteria. ad potentially during occupancy if approved. Any information provided that is incomple e that the information is determined untrue.
Applicants Signature:		Date:
CASCADE RENTAL MANAGEMEN	Date/Time Receiv	ed: Received By: