APPLICATION FOR RENTAL		
Madras Apartments	Phone: 503-362-8965	Referred by:
1701 Madras Street SE Salem, OR 97306	Fax: 503-540-7872	Type of Unit Requested: Anticipated Date of Move In:
	• • • • • • • • • • • • • • • • • • • •	-
Legal Name (First & Last)	Social Security Number	Date of Birth
Legar Marie (1115t & Last)	Social Security Humber	
Driver License #/Issuing State	Daytime Phone Number	Total # of Occupants
Differ Electise #/issuing Suite	Duytine Phone Planber	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 a	ge or younger:	
Name (First & Last):		Date of Birth:
Name (First & Last):		Date of Birth:
		Date of Birth:
· · · · ·		
Name (First & Last):		Date of Birth:
Residence Information must be completely filled out to process the application.		
Current Residence:		
		Move out date (mm/yyyy):
	Reason for vacating:	
		Apt #:
City, State & Zip:		
-		Are you living with the landlord?
Are you related to the failuloid !	Are you a menu to the failuloid :	
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 #:
· · · ·		
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:		
	Noved? Other? Fre	quency of Income?
		npany Phone Number:
Supervisor Name:		
If current employment is less than 6 mo	nths, list previous employers name, number and dates of hir	
Your vehicle Information: Please list vehicle Make, Model, Color, Year & License Plate Number		
Vehicle:		
Have you ever been evicted?	_ Have you or anyone else who will be occupying the unit eve	er 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?		
	Type:Do you intend to use an Aquarium	
Applicant certifies that the information provide	d 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:		
Pril	Da	
CASCADE RENTAL MANAGEMENT	Date/Time Received:	Received By: