APPLICATION FOR RENTAL		
Fox Hollow Apartments	Phone: 541-383-3152	Referred by:
2600 Forum Drive NE B-9 Bend, OR 97701	Fax: 541-330-0160	Type of Unit Requested:
	• • • • • • • • • • • • • • • • • • • •	••••••
Legal Name (First & Last)	Social Security Number	Date of Birth
	Social Security Maniser	
Driver License #/Issuing State	Daytime Phone Number	Total # of Occupants
	10	
	yone 18 years of age or older must complete a sep	arate application)
Name of all occupants 17 years of a	ge or younger:	
Name (First & Last):_		Date of Birth:
Name (First & Last):_		Date of Birth:
Name (First & Last):_		Date of Birth:
Name (First & Last):_		Date of Birth:
Residence Information must be completely filled out to process the application.		
Current Residence:		
Own?Rent?	Move in date (mm/yyyy):	Move out date(mm/yyyy):
	6	
		Apt #:
-		
Are you related to the landlord?	Are you a friend to the landlord?	Are you living with the landlord?
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 #:
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 information on a separate sheet of paper or on the back of your rental application.		
Monthly Income:		
	Journal Other?	_ Frequency of Income?
	oner:	
		_Company Phone Number:
-	Date of Hire(mm/yyyy):	
	nths, list previous employers name, number and dates of	
		A life on the buck of the application
	hicle Make, Model, Color, Year & License Plate Numbe	
Have you ever been evicted?	Have you or anyone else who will be occurving the un	it ever been convicted of pled guilty or no context to any
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 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 Aquar	
Applicant certifies that the information provided	l is true and correct. Applicant authorizes the landlord/agent to mal	e 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:		
Perk		
CASCADE RENTAL MANAGEMENT	<u>co.</u> Date/Time Received:	Received By: