APPLICATION FOR RENTAL

Silverpark Apartments 3563 Silverpark Place NE Salem, OR 97305 Phone: 503-581-9325 Fax: 503-540-7874

Referred by:	
Type of Unit Requested:	
Anticipated Data of Mary	Tma

Salem, OR 97305		•	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 s	eparate 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:	
Current Residence:	lence Information must be completely filled	l out to process the application.	:
Own? Rent?	Move in date (mm/yyyy):	Move out date (mm/y	yyy):
Amount of monthly rent or mortgage:	Reason for vacating:		
Street Address:		Apt #:	
City, State & Zip:			
Name and telephone number of current landlore	d <u>or</u> Mortgage Company:		
Are you related to the landlord?	Are you a friend to the landlord?	Are you living with th	e landlord?
Previous Residence:			
	Move in date (mm/yyyy):	Move out date (mm/y	yyy):
Amount of monthly rent or mortgage:	Reason for vacating:		
Street Address:		Apt #:	
City, State & Zip:			
Name and telephone number of previous landle	ord or Mortgage Company:		
Are you related to the landlord?	Are you a friend to the landlord?	Are you living with th	e landlord?
Please list any additional rental information	on a separate sheet of paper or on the back of yo	ur rental application.	
Monthly Income:			
	1?Other?		
Company Name:			
		Company Phone Number:	
Supervisor Name:	Date of Hire(mm/yyyy):	Position:	
If current employment is less than 6 months,	list previous employers name, number and date	s of hire on the back of the applicat	tion.
	Make, Model, Color, Year & License Plate Numb		
	ve you or anyone else who will be occupying the u		
	(Please explain felony on back of appli		
· -	Type:Do you intend to use an Aquate and correct. Applicant authorizes the landlord/agent to n		
Information provided may be made available to other	te and correct. Applicant authorizes the fandiord/agent to n agencies for verification during the application process and ation or subsequent termination of tenancy upon such time	potentially during occupancy if approved.	
Applicants Signature:		Date:	
CASCADE RENTAL MANAGEMENT CO.			
CASCADE RENTAL MANAGEMENT CO. Turner, Oregon		1:	Received By: