APPLICATION FOR RENTAL

Cedar Court Apartments

Phone: 503-371-6231

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

Salem, OR 97305	Fax: 503-540-7871	-	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 (Any	one 18 years of age or older must complete a sepa	rate application)	
Name of all occupants 17 years of ag	e or younger:		
Name (First & Last):		Date of Birth:	
Name (First & Last):		Date of Birth:	
Current Residence:	esidence Information must be completely filled ou	it to process the applicati	ion.
	Move in date (mm/yyyy):	Move out date(mi	m/vvvv)·
	Reason for vacating:		
		Apt #:	
City, State & Zip:			
Name and telephone number of current land	llord or Mortgage Company:		
	Are you a friend to the landlord?		
Previous Residence:			
Own?Rent?	Move in date (mm/yyyy):	Move out date (mm/yyyy):	
City, State & Zip:			
Name and telephone number of previous lar	ndlord 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 informat	tion on a separate sheet of paper or on the back of your	rental application.	
3.6 dl 7			
Monthly Income:			
	oyed?Other?	Frequency of Income?	_
		C Dl Nl	
·		Company Phone Number:	
Supervisor Name:	ths, list previous employers name, number and dates of		n:
if current employment is less than o mon	uis, list previous employers hame, humber and dates of	mre on the back of the appi	ication.
	cle Make, Model, Color, Year & License Plate Number		
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 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	mIf yes, size?	
Information provided may be made available to o	s true and correct. Applicant authorizes the landlord/agent to make ther agencies for verification during the application process and pote plication or subsequent termination of tenancy upon such time that	entially during occupancy if appro	ved. Any information provided that is incomple
Applicants Signature:		Date:	
CASCADE RENTAL MANAGEMENT C			
Turner, Oregon	Date/Time Received:		Received By: