APPLICATION FOR RENTAL		
Cedar Court Apartments	Phone: 503-371-6231	Referred by:
3450 Silvercedar Place NE Salem, OR 97305	Fax: 503-540-7871	Type of Unit Requested:
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 (Ar	yone 18 years of age or older must complete a	a separate application)
Name of all occupants 17 years of	age or younger:	
Name (First & Last):		Date of Birth:
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Name (First & Last):		Date of Birth:
Residence Information must be completely filled out to process the application.		
Current Residence:		
		Anticipated Move Out Date(mm/yyyy):
		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 inform	nation on a separate sheet of paper or on the back of	your rental application.
Monthly Income.		
Monthly Income:		
		Monthly Net Income:
	Date of Hire(mm/yyyy):	Company Phone Number:
If current employment is less than 6 m	onths, list previous employers name, number and da	ites of nire on the back of the application.
	chicle Make, Model, Color, Year & License Plate Nu	
Have you ever been evicted?	Have you or anyone else who will be occupying th	e unit ever been convicted of, pled guilty or no contest to any
•		plication) Have you ever filed bankruptcy? If yes, When?
	Type: Do you intend to use an Ac	
Applicant certifies that the information provide Information provided may be made available to	ed is true and correct. Applicant authorizes the landlord/agent to	o make any and all necessary inquires to determine if applicant meets our rental criteria. and potentially during occupancy if approved. Any information provided that is incomplete
	appreadon of subsequent termination of terminey upon such an	
		Dutt
	<u>TCO.</u> Date/Time Receiv	ved: Received By: