## APPLICATION FOR RENTAL

**Boulder Ridge Apartments** 

Phone: 503-362-8965\_

Referred by:	
Type of Unit Requested:	
Anticipated Data of Mayo In:	

802-826 Boone Road SE Fax: 503-540-7872 Office: 1701 Madras St. SE Salem, OR 97306		Type of Unit Requested: Anticipated Date of Move In:		
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Legal Name (First & Last)	Soci	ial Security Number	Date of Birth	
Driver License #/Issuing State	Day	Daytime Phone Number		Total # of Occupants
Legal Names of Co-Applicants	(Anyone 18 years o	f age or older must complete a	separate application)	
Name of all occupants 17 years	of age or younger:			
Name (First & L	ast):		Date of Birth:	
Name (First & L	ast):		Date of Birth:	
•	,			
•	,			
Name (11st & L	, ·			<del></del>
<b>Current Residence:</b>	Residence Infor	mation must be completely fill	ed out to process the applicati	on.
	t?	Move in date (mm/yyyy):	Move out date (m	m/yyyy):
City, State & Zip:				
Name and telephone number of curre				
•				h the landlord?
· • • • • • • • • • • • • • • • • • • •				
Previous Residence:				
Own?Ren	t?	Move in date (mm/yyyy):	Move out date (m	m/yyyy):
Amount of monthly rent or mortgage	:	Reason for vacating:		
Street Address:			Apt #:	
City, State & Zip:				
Name and telephone number of previ				
Are you related to the landlord? Are you a friend to the landlord? Are		Are you living with	h the landlord?	
Please list any additional rental info	ormation on a separat	te sheet of paper or on the back of y	our rental application.	
<b>Monthly Income:</b>				
Employed? Self	Employed?	Other?	Frequency of Income?	
Company Name:				
Supervisor Name:		Date of Hire(mm/yyyy):		n:
If current employment is less than				
Your vehicle Information: Please li Vehicle:				
Have you ever been evicted?	Have you or an	yone else who will be occupying the	unit ever been convicted of, pled	guilty or no contest to any
<b>Felony?</b> □ Yes □ No If Yes, Who	?	(Please explain felony on back of app	lication) Have you ever filed ban	kruptcy? If yes, When?
Do you have pets or other animals	?Type:	Do you intend to use an Aq	uariumIf yes, size?	
Applicant certifies that the information pro	ovided is true and correct. ble to other agencies for ve	Applicant authorizes the landlord/agent to erification during the application process a	make any and all necessary inquires to ond potentially during occupancy if appro	determine if applicant meets our rental criteria.  ved. Any information provided that is incomple
Applicants Signature:			Date:	
CASCADE RENTAL MANAGE	EMENT CO.	Date/Time Receiv	ed•	Received Ry