APPLICATION FOR RENTAL

Centennial Park Apartments

Phone: 541-741-0583

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

Springfield, OR 97477	ax: 541-/41-0583	Anticipated Date	of 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 (Anyon	ne 18 years of age or older must complete a sep	arate application)		
Name of all occupants 17 years of age	or younger:			
Name (First & Last):		Date of Birth:		
		Date of Birth:		
,				
		Date of Birth:		
Name (First & Last):		Date of Birth:		
	idence Information must be completely filled o	ut to process the applicat	ion.	
Current Residence: Own? Rent?	Move in date (mm/www)	Move out date(m	m/vvvv)·	
		Move out date(mm/yyyy):		
		_Apt #:		
· · · · ·	ord or Mortgage Company:			
Are you related to the landlord?				
Previous Residence:				
	Move in date (mm/yyyy):	Move out date (m	ım/vvvv):	
		_		
*	lord or Mortgage Company:			
1		Are you living with the landlord?		
•	on on a separate sheet of paper or on the back of you			
Monthly Income:				
	ed?Other?			
·	D			
Supervisor Name:			on:	
If current employment is less than 6 month	s, list previous employers name, number and dates o	f hire on the back of the app	lication.	
	e Make, Model, Color, Year & License Plate Number		-	
Have you ever been evicted? Ha	ave you or anyone else who will be occupying the uni	t ever been convicted of, pled	l guilty or no contest to any	
	(Please explain felony on back of application)			
Do you have pets or other animals?	_Type:Do you intend to use an Aquari	umIf yes, size?		
Information provided may be made available to other	rue and correct. Applicant authorizes the landlord/agent to maker agencies for verification during the application process and polication or subsequent termination of tenancy upon such time that	tentially during occupancy if appro	oved. Any information provided that is incomp	
Applicants Signature:		Date:		
Park				
CASCADE RENTAL MANAGEMENT CO.	Date/Time Received:		Received By:	