## APPLICATION FOR RENTAL

Ridgeland Apartments 4341 Center Street NE

Phone: 503-362-3369 Fax: 503-540-7873

Referred by:	
Type of Unit Requested:	
Anticipated Data of Maye	T

Salem, OR 97301	ax: 505-540-7675	Anticipated Date 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 (Anyon	ne 18 years of age or older must complete a s	eparate application)	
Name of all occupants 17 years of age	or younger:		
Name (First & Last):		Date of Birth:	
Name (First & Last):		Date of Birth:	
Name (First & Last):		Date of Birth:	
`		Date of Birth:	
· / —			
Current Residence:	idence Information must be completely filled	d out to process the application	<u>n.</u>
Own? Rent? N	Move in Date (mm/yyyy):	Anticipated Move Out Date (mr	n/yyyy):
	Reason for vacating:		
	ord <u>or</u> Mortgage Company:		
	Are you a friend to the landlord?		
Previous Residence:			
	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:			
	llord or Mortgage Company:		
	Are you a friend to the landlord?		
	n on a separate sheet of paper or on the back of yo		
M. all I			
Monthly Income:			
	Company Phone Number: Date of Hire(mm/yyyy): Position:		
Supervisor Name:			
If current employment is less than 6 month	s, list previous employers name, number and date	es of hire on the back of the application	ation.
	le Make, Model, Color, Year & License Plate Num		
Have you ever been evicted?H	ave you or anyone else who will be occupying the	unit ever been convicted of, pled g	uilty or no contest to any
Felony? ☐ Yes ☐ No If Yes, Who?	(Please explain felony on back of appl	ication) Have you ever filed bankı	ruptcy? If yes, When?
Do you have pets or other animals?	Type:Do you intend to use an Aqu	ariumIf yes, size?	
Information provided may be made available to other	true and correct. Applicant authorizes the landlord/agent to r er agencies for verification during the application process and ication or subsequent termination of tenancy upon such time	d potentially during occupancy if approve	<ul> <li>d. Any information provided that is incompl</li> </ul>
Applicants Signature:		Date:	
CASCADE RENTAL MANAGEMENT CO			
Turner, Oregon	Date/Time Receive	đ:	Received By: