## APPLICATION FOR RENTAL

**Fircrest Apartments** 

Phone: 503-829-3509

Referred by:	
Type of Unit Requested:	
A 4: -! 4 - J D - 4 CM	. T

899 E. Main Street Fax Molalla, OR 97038		Fax: 503-829-4548	Type of Unit Reque	Type of Unit Requested: Anticipated Date of Move In:	
		• • • • • • • • • • • • • • • • • • • •			
Legal Name	(First & Last)	Social Security Number	Date of Birth		
Driver Licer	nse #/Issuing State	Daytime Phone Number		Total # of Occupants	
Legal Name	 s of Co-Applicants (Ap	yone 18 years of age or older must complete	a senarate application)		
	occupants 17 years of a		a coparate approximon,		
	Name (First & Last):_		Date of Birth:		
	Name (First & Last):		Date of Birth:		
	` /-				
	Name (First & Last):_		Date of Birth:		
Cumont Dog		Residence Information must be completely fi	lled out to process the application	<u>n.</u>	
Current Res	<u></u>	Move In Date (mm/yyyy):	Anticipated Maya Out Data (mm/y	ann).	
		Reason for vacating:			
		Reason for vacating.			
			•		
•	•	ndlord or Mortgage Company:			
		Are you a friend to the landlord?		the landlord?	
·					
Previous Re	sidence:				
			Move out date (mm/yyyy):		
		Reason for vacating:			
•	•				
	•	andlord or Mortgage Company:			
		Are you a friend to the landlord?		the landlord?	
•		ition on a separate sheet of paper or on the back o	f your rental application.		
Monthly Inc					
			•		
		Date of Hire(mm/yyyy):			
		nths, list previous employers name, number and d			
ii cui rent em	proyment is less than o mo	nens, use previous employers name, number and e	lates of fife on the back of the applic	auon.	
		hicle Make, Model, Color, Year & License Plate N		_	
Have you eve	er been evicted?	_ Have you or anyone else who will be occupying t	he unit ever been convicted of, pled ş	guilty or no contest to any	
-		(Please explain felony on back of a	•		
		Type:Do you intend to use an A			
Information pro	vided may be made available to	d is true and correct. Applicant authorizes the landlord/agent other agencies for verification during the application process application or subsequent termination of tenancy upon such t	and potentially during occupancy if approve	ed. Any information provided that is incomple	
Applicants Sig	gnature:		Date:		
FRA.	CASCADE RENTAL MANAGEMENT	co			
	Turner, Oregon	Date/Time Rece	ived:	Received By:	