APPLICATION FOR RENTAL

Iris Meadow Apartments

Phone: 503-390-9259

Referred by:	
Type of Unit Requested:	
Anticipated Date of Move In:	

4237-4299 Meadowbrook Court Office: 1065 Willow Lake Road Keizer, OR 97303	Fax: 503-393-5532	Type of Unit Requested: Anticipated Date of Move In:	<u> </u>
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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 (A	Anyone 18 years of age or older must complete a	a separate application)	
Name of all occupants 17 years of	f age or younger:		
Name (First & Last	t):	Date of Birth:	
Name (First & Last	t):	Date of Birth:	
Name (First & Last	t):	Date of Birth:	
Name (First & Last	t):	Date of Birth:	
	Residence Information must be completely fil	lled out to process the application.	
Current Residence:			
		Move out date(mm/yyyy):	
		A A. H.	
		Apt #:	
	Are you a friend to the landlord?		
Previous Residence:			
' <u> </u>	Move in date (mm/yyyy):	Move out date (mm/yyyy):	
Street Address:		_Apt #:	
City, State & Zip:			
Are you related to the landlord?	<u> </u>		
Please list any additional rental infor	rmation on a separate sheet of paper or on the back of	f your rental application.	
Monthly Income:			
Employed?Self En	mployed?Other?	Frequency of Income?	
Company Name:			
•		Company Phone Number:	
Supervisor Name: If current employment is less than 6 to 1.	Date of Hire(mm/yyyy): months, list previous employers name, number and da		
Your vehicle Information: Please list	vehicle Make, Model, Color, Year & License Plate Nu	ımber	
•		he unit ever been convicted of, pled guilty or no contest to any	
	Type:Do you intend to use an Ac	polication) Have you ever filed bankruptcy? If yes, When?	
		to make any and all necessary inquires to determine if applicant meets our rental c	riteria.
Information provided may be made available		and potentially during occupancy if approved. Any information provided that is i	
Applicants Signature:		Date:	
Perh			
CASCADE RENTAL MANAGEME	Date/Time Recei	ived:Received By:	