

NEW ADD-ON RE-QUALIFYING CO-SIGNER



RENTAL APPLICATION

TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT
TO AVAILABILITY



COMMUNITY NAME _____ COMM # _____

APT NUMBER _____ ADDRESS _____

DATE APT WANTED _____ APT RENT \$ _____ SCREENING CHARGE \$ _____

OWNER / AGENT Summit Real Estate Management, LLC 3811 SW Barbur Blvd, Portland, OR 97239 (503) 223-9980

SMOKING POLICY: SMOKING PROHIBITED - ENTIRE PREMISES

SMOKING ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

FIRST NAME		MIDDLE NAME		LAST NAME	
PREVIOUS NAMES, ALIASES OR NICKNAMES USED				PHONE NUMBER	
DATE OF BIRTH	SOCIAL SECURITY #		EMAIL		
GOVERNMENT ISSUED PHOTO I.D. TYPE		I.D. NUMBER		STATE ISSUED	EXP. DATE
CURRENT STREET ADDRESS			APT #		DATE YOU MOVED IN
CITY				STATE	ZIP
CURRENT LANDLORD / APARTMENT COMMUNITY NAME				LANDLORD PHONE	
LANDLORD ADDRESS		LANDLORD CITY		STATE	ZIP
PREVIOUS STREET ADDRESS			APT #		FROM
CITY				STATE	ZIP
PREVIOUS LANDLORD / APARTMENT COMMUNITY NAME				LANDLORD PHONE	
LANDLORD ADDRESS		LANDLORD CITY		STATE	ZIP
<input type="checkbox"/> LIST OTHER STATES AND CITIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS					
ARE YOU SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE PROOF OF INCOME/ASSETS TO MANAGEMENT.					
CURRENT EMPLOYER					PHONE
STREET ADDRESS					
CITY				STATE	ZIP
GROSS MONTHLY INCOME \$		POSITION		START DATE	
<input type="checkbox"/> PREVIOUS <input type="checkbox"/> ADDITIONAL EMPLOYER:					PHONE
STREET ADDRESS					
CITY				STATE	ZIP
GROSS MONTHLY INCOME \$		POSITION		FROM	TO
OTHER MONTHLY INCOME	SOURCE:		\$	SOURCE:	\$
OTHER OCCUPANTS			VEHICLE MAKE	MODEL	COLOR
			STATE	LICENSE PLATE #	
NAME	DATE OF BIRTH		_____		
			HOW MANY ANIMALS WILL BE RESIDING IN THE APT? _____ (ANIMALS ARE SUBJECT TO APPROVAL)		
			TYPE	BREED	AGE

DO YOU HAVE RENTER'S INSURANCE? YES NO

IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED. MINIMUM INSURANCE AMOUNT: \$ _____ (\$100,000 IF LEFT BLANK)
(NO INSURANCE WILL BE REQUIRED IF: A) THE HOUSEHOLD INCOME OF ALL OF THE TENANTS IN THE UNIT IS EQUAL TO OR LESS THAN 50 PERCENT OF THE APREA MEDIAN INCOME, ADJUSTED FOR FAMILY SIZE AS MEASURED UP TO A FIVE-PERSON FAMILY; OR B) IF THE DWELLING UNIT HAS BEEN SUBSIDIZED WITH PUBLIC FUNDS, NOT INCLUDING HOUSING CHOICE VOUCHERS.)

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

EMERGENCY CONTACT _____ PHONE (_____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (_____) _____

ADDRESS _____

HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY IN THE EVICTION PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? YES NO IF YES, DATE _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR?

YES NO IF YES, WHO _____ WHERE _____ WHEN _____

WHAT _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HAVE YOU GIVEN LEGAL NOTICE WHERE YOU NOW LIVE? YES NO IF NO, NOTICE WILL BE REQUIRED PRIOR TO FINAL APPROVAL.

HOW DID YOU HEAR ABOUT OUR COMMUNITY? _____

SCREENING

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report that may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under section 606(b) of the Fair Credit Act, and written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency, as well as, complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY: Residential Data Source
3811 SW Barbur Blvd, Portland, OR 97239 (503) 223-9701

If the application is approved, applicant will have _____ hours (72 hours if left blank) from the time of notification to either, at Owner/Agent's option, execute a Rental Agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an Agreement to Execute a Rental Agreement that will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

GOOD FAITH ESTIMATE

Approximate number of units currently available, or which will in the foreseeable future be available, of size and in the area requested by applicant: _____ units(s). Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s). If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration. This doesn't apply to online applications as we can't guarantee availability until receipt of application.

MAXIMUM POTENTIAL RENT, SECURITY DEPOSIT AND OTHER CHARGES			
THE FOLLOWING ARE MAXIMUM AMOUNTS, THE ACTUAL AMOUNT CHARGED WILL DEPEND ON APT SIZE, SCREENING RESULTS, AND OTHER FACTORS.			
MAXIMUM POTENTIAL RENT	\$ _____	SECURITY DEP. MINIMUM	\$ _____
_____	\$ _____	SECURITY DEP. MAXIMUM	\$ _____ (DEPENDS ON SCREENING RESULTS AND APT SIZE)
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
AGENT NOTES _____			

I certify that the above information is correct and complete and hereby authorize you to complete a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application and I understand that failure to meet any of the criteria may result in denial of my application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy.
I have received and read the Owner/Agent's rental criteria.

APPLICANT X _____ DATE _____ PHOTO I.D. VERIFIED BY (INITIAL) _____

AGENT X _____ DATE RECEIVED _____ TIME RECEIVED _____