Valley Crest Apartments c/o Pioneer Court Apartments	APPLICATION FO Phone: (503) 769-4327 Fax: (503) 767-2198	* THIS IS A NON-SMOKING APARTMENT COMMUNITY Referred by:
Office: 1431 Westfall Place	pioneercourt@cascaderentals.com	Type of Unit Requested:
Stayton, OR 97383		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 (A	nyone 18 years of age or older must complete	a separate 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)	<u>. </u>	Date of Birth:
		Date of Birth:
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Current Residence:	Residence Information must be completely fi	illed out to process the application.
Own? Rent?	Move in Date (mm/yyyy):	Anticipated Move Out Date (mm/yyyy):
Street Address:		Apt #:
City, State & Zip:		
Name and telephone number of current l	andlord or Mortgage Company:	
-	Are you a friend to the landlord?	
Dravious Desidences		
Previous Residence:	Move in date (mm/uggg))	Move out date (mm/yyyy):
	Reason for vacating:	
		Apt #:
Name and telephone number of previous		
Are you related to the landlord?		
Please list any additional rental inform	nation on a separate sheet of paper or on the back o	t your rental application.
Monthly Income:		
		Monthly Net Income:
Company Name:		
		Company Phone Number:
Supervisor Name:	Date of Hire(mm/yyyy):	Position:
If current employment is less than 6 m	onths, list previous employers name, number and o	dates of hire on the back of the application.
	ehicle Make, Model, Color, Year & License Plate N	
		he unit ever been convicted of, pled guilty or no contest to any
-		pplication) Have you ever filed bankruptcy? If yes, When?
	Type:Do you intend to use an A	
Information provided may be made available		to make any and all necessary inquires to determine if applicant meets our rental criteria s and potentially during occupancy if approved. Any information provided that is incom ime that the information is determined untrue.
Applicants Signature:		Date:
Turner, Oregon		eived: Received By: