



# RENTAL / LEASE APPLICATION

# 102

THIS SECTION TO BE COMPLETED BY LANDLORD / OWNER

DATE \_\_\_\_\_ RENT \$ \_\_\_\_\_ DEPOSIT \_\_\_\_\_ REQUESTED MOVE-IN DATE \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

OWNER/AGENT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CURRENT	NAME (APPLICANT)		MAIDEN NAME
	DATE OF BIRTH	SOC. SECURITY #	DRIVERS LIC. # / STATE
	PRESENT STREET ADDRESS		CITY STATE ZIP
	FROM	TO	PHONE RENT AMOUNT \$
	LANDLORD NAME		PHONE
	LANDLORD STREET ADDRESS (OR APARTMENT NAME)		CITY STATE ZIP

PREVIOUS	FORMER STREET ADDRESS		CITY STATE ZIP
	FROM	TO	FORMER LANDLORD PHONE
	FORMER LANDLORD STREET ADDRESS (OR APARTMENT NAME)		CITY STATE ZIP
	OTHER STATES AND COUNTIES YOU HAVE LIVED IN THE PAST 5 YEARS		

EMPLOYMENT	PRESENT EMPLOYER		
	STREET ADDRESS		CITY STATE ZIP
	PHONE	POSITION	HOW LONG? (DATE HIRED)
	GROSS PAY	OTHER INCOME (2ND JOB)	SOURCE
	PREVIOUS EMPLOYER		
	STREET ADDRESS		CITY STATE ZIP
PHONE		POSITION HOW LONG? (DATE HIRED)	

REFERENCES	BANK (CHECKING)	BRANCH	PHONE	ACCOUNT NUMBER
	BANK (SAVINGS)	BRANCH	PHONE	ACCOUNT NUMBER
	LIST ALL OTHER OUTSTANDING DEBITS (Attach additional sheets if necessary)		BALANCE	MONTHLY PAYMENT
			BALANCE	MONTHLY PAYMENT
	RELATIVE / PARENT		ADDRESS	PHONE
	PERSONAL REFERENCE		ADDRESS	PHONE
HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____				
HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO _____ WHERE _____ WHEN _____				

OTHER	OTHER OCCUPANTS: NAME	AGE OR DATE OF BIRTH	AUTOMOBILES	LICENSE NO.	PETS - subject to approval by management Number & type _____ Do you intend to use: <input type="checkbox"/> WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTRUMENT _____ Do you have Renter's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
			OTHER VEHICLES		
			PARKING SPACES NEEDED		

APPROVAL	Why are you vacating your present place of residence? _____
	Have you given legal notice where you now live? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy.
	Owner/Agent has charged a screening charge as set forth above. Landlord may obtain a consumer credit and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, 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 1681d(b) of the Fair Credit Reporting Act, and a 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. If the application is approved, applicants will have _____ hours from the time of notification to either execute a rental agreement or reservation deposit.
APPLICANT _____ PHOTO I.D. VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO INCOME DOCUMENTATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE APPLICATION SUBMITTED _____ <input type="checkbox"/> CREDIT CHECK <input type="checkbox"/> CRIMINAL / CIVIL CHECK <input type="checkbox"/> FULL REPORT MEMB. ACCT _____	

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