



OFFICE USE ONLY

NEW MOVE-IN OCCUPANT TURNING 18 ADD/REMOVE ROOMMATE TRANSFER

PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ ADDRESS _____

DATE UNIT WANTED _____ UNIT RENT \$ _____ NON-REFUNDABLE SCREENING CHARGE \$ 55.00

OWNER / AGENT John L. Scott Property Management MM/DD/YYYY PHONE (503) 588-7069

OWNER / AGENT ADDRESS 1124 Cornucopia St NW, Salem, OR 97304

SMOKING POLICY: ALLOWED - ENTIRE PREMISES PROHIBITED - ENTIRE PREMISES ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

APPLICANT FULL LEGAL NAME _____ **EMAIL** _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ **SOC. SECURITY #** _____ **APPLICANT PHONE ()** _____

MM/DD/YYYY
GOVERNMENT ISSUED PHOTO I.D. TYPE _____ **#** _____ **/ STATE** _____ **EXP. DATE** _____
MM/DD/YYYY

CURRENT STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **DATE YOU MOVED IN** _____
MM/DD/YYYY

CURRENT LANDLORD NAME _____ **LANDLORD PHONE ()** _____

LANDLORD EMAIL _____ **LANDLORD FAX ()** _____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ **STATE** _____ **ZIP** _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **FROM** _____ **TO** _____
MM/DD/YYYY MM/DD/YYYY

FORMER LANDLORD NAME _____ **LANDLORD PHONE ()** _____

LANDLORD EMAIL _____ **LANDLORD FAX ()** _____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ **STATE** _____ **ZIP** _____

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

CURRENT EMPLOYER _____ **PHONE ()** _____

HR EMAIL _____ **HR FAX ()** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

POSITION _____ **HOW LONG?** _____ **GROSS MONTHLY INCOME \$** _____

OTHER MONTHLY INCOME: SOURCE _____ **\$** _____ **/ SOURCE** _____ **\$** _____

ARE YOU SELF-EMPLOYED? YES NO

PREVIOUS **ADDITIONAL EMPLOYER** _____ **PHONE ()** _____

HR EMAIL _____ **HR FAX ()** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

POSITION _____ **HOW LONG?** _____ **IF ADDITIONAL EMPLOYER, GROSS MONTHLY INCOME \$** _____

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT

THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.

MAXIMUM POTENTIAL RENT \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

DEPOSITS

SECURITY DEP. MINIMUM \$ _____

SECURITY DEP. MAXIMUM \$ _____
(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

INSURANCE

IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED.

IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED IF _____

MINIMUM INSURANCE AMOUNT: \$ 100,000.00
(\$100,000 IF LEFT BLANK)

OWNER/AGENT MUST BE LISTED AS AN "INTERESTED PERSON" ON THE INSURANCE POLICY AND PROOF OF SUCH LISTING PROVIDED PRIOR TO MOVE-IN.

(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 AREA 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.)

OTHER OCCUPANTS	NAME	DATE OF BIRTH	VEHICLES	MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER	
	_____	MM/DD/YYYY		_____	_____	_____	_____	_____	_____	_____
	_____	MM/DD/YYYY		_____	_____	_____	_____	_____	_____	_____
	_____	MM/DD/YYYY		_____	_____	_____	_____	_____	_____	_____
	_____	MM/DD/YYYY		_____	_____	_____	_____	_____	_____	_____
	_____	MM/DD/YYYY		_____	_____	_____	_____	_____	_____	_____

IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

IF CHECKED, PETS ARE ALLOWED SUBJECT TO APPROVAL BY MANAGEMENT. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

DO YOU HAVE RENTER'S INSURANCE? YES NO

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 _____ MM/DD/YYYY

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

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

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 _____ MM/DD/YYYY

WHAT _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HAVE YOU GIVEN LEGAL NOTICE WHERE YOU NOW LIVE? YES NO

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

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 which 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 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.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME Pacific Screening, Inc. PHONE (503) 297-1941

ADDRESS P.O. Box 25582, Portland, OR 97298

EMAIL _____

If the application is approved, applicant will have 48 hours 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 which 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 the size and in the area requested by applicant: _____ unit(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.

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 understand that giving incomplete or false information is grounds for rejection of this 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 _____ (INITIALS)

OWNER/AGENT X DATE RECEIVED _____ TIME RECEIVED _____

OWNER/AGENT NOTES _____

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Applicant Screening Criteria

Applications are accepted on a first come first serve basis. All persons 18 years of age or older will be required to complete an application. Incomplete, inaccurate or falsified information will be grounds for denial of total application.

Incomplete applications will not be accepted.

The screening charge is a non-refundable **\$55.00** per applicant (18 or older).

We do not accept personal checks or cash for screening charge.

GENERAL STATEMENTS

1. Government issued photo identification will be required. Applicant(s) must provide a Social Security Number for screening purposes, a passport, birth certificate, resident card, visa or other authorization documents from Homeland Security can be used in place of a social security number.
2. Each applicant will be required to qualify individually or as per specific criteria areas.
3. Inaccurate or falsified information will be grounds for denial of the application.
4. The use, manufacture and or distribution of federally illegal drugs or substances is not allowed on any property.
5. Any individual, whose tenancy may constitute a direct threat to the health and safety of any individual, the complex, or the property of others, will be denied tenancy.

CRIMINAL CONVICTION CRITERIA

1. Owner/Agent will conduct a search of public records to determine whether the applicant or any proposed resident or occupant has a conviction. A single conviction for any of the following subject to the results of a review process, shall be grounds for a denial of the Rental Application.
 - a). Felonies involving: murder, manslaughter, arson, rape, kidnapping, child sex crimes or manufacturing or distribution of a controlled substance.
 - b). Felonies not listed above involving: drug-related crime; person crime; sex offense; crime involving financial fraud, including identity theft and forgery; or any other crime if the conduct for which applicant was convicted or is charged of a nature that would adversely affect the property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or landlord's agent, where the date of disposition has occurred in the last 7 years.
 - c). Misdemeanors involving: drug related crimes, person crimes, sex offenses, domestic violence, violation of a restraining order, stalking, weapons, criminal impersonation, possession of burglary tools, financial fraud crimes, where the date of disposition has occurred in the last 5 years.
 - d). Misdemeanors not listed above involving: theft, criminal trespass, criminal mischief, property crimes of any other crime that would adversely affect the property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or landlord's agent, where the date of disposition has occurred in the last 3 years.
 - e) Conviction of any crime that requires lifetime registration as a sex offender will result in denial.

RENTAL & EVICTION HISTORY CRITERIA

1. Two years of verifiable contractual rental or mortgage payment history from a current third party source is required. Lack of rental history may require increased deposit.
2. Five years of eviction-free history is required.
3. Three or more 72-hour notices within one year may result in denial of application.
4. Three or more dishonored checks within one year will result in denial of the application.
5. Rental history reflecting outstanding balance will result in denial of the application.
6. Notices of disturbances, violations and other non-compliances of rental agreement will be reviewed and may result in denial or increased deposit.

CREDIT & COLLECTIONS CRITERIA

1. Negative or adverse debt showing on consumer credit report may require additional security deposits.
2. Five or more unpaid collections (not related to medical expenses) may result in denial of the application.
3. Utility accounts in collections will result in denial if not satisfied during screening process.
4. Repossessions or Bankruptcies within the last two years will disqualify an applicant if poor credit history continues after filing.

INCOME & EMPLOYMENT CRITERIA

1. Monthly income should be equal to two times stated rent, and must be from verifiable, legal source. Applicants must provide consecutive and recent pay stubs for the last 8 weeks from application date.
2. Additional sources of income may be considered, these sources include: GI benefits, disability, trust funds, social security, educational financial aid, child support, pensions, grants and savings accounts.
3. If applicant will be using local, state or federal housing assistance as a source of income, corresponding documents must be provided at the time of application.
4. Six months of verifiable employment will be required if used as source of income. If employment is to begin shortly, a "letter of intent" to hire from the employer is required.
5. Self-employed applicants will be required to submit the previous year's tax returns along with previous two months bank statements.

****Additional verification and or financial statements/records may be required.***

Applicant Screening Criteria Continued

CO-SIGNERS & GUARANTORS

Co-signers/Guarantors are not accepted.

OCCUPANCY GUIDELINES

Our occupancy guidelines are based on the standard of 2 people per bedroom plus one. A bedroom is defined as a habitable room that is intended to be used primarily for sleeping purposes, contains at least 70 square feet and is configured so as to take the need for a fire exit into account.

One Bedroom	3 persons
Two Bedroom	5 persons
Three Bedroom	7 persons
Four Bedroom	9 persons
Five Bedroom	11 persons

SMOKING POLICY

Most of our rental units have a NO SMOKING policy. Please verify smoking policy prior to applying.

SECURITY DEPOSIT CRITERIA

Failure to meet any of the criteria listed above can result in an increased deposit. Additional security deposits are required for pets. Please check with staff regarding deposit amounts & pet restrictions.

Thank you for your interest!

