



Prospective Renters Verifications Service

We do the checking for you...

...fast. courteous. reports called or faxed back

PO Box 69 • Eagle Creek, OR 97022

WA (360) 573-6974, fax 573-6975 • OR (503) 655-0888, fax 655-0900

Credit or Summary Report Form

Each Adult (**18 and over**) must complete their own Form.

Please Print Clearly.

<u>Type of Report Request, Please ONLY Indicate One</u>	
Account/Customer Number	<input type="radio"/> Credit Report <input type="radio"/> Summary Report
Report Requested By	<input type="radio"/> Credit Report with Score <input type="radio"/> Summary Report with Score
Complex or Company if applicable	<input type="radio"/> Mini Summary, Public Records Only

Applicants Full Name	Last	First	Middle	Suffix
Current Physical Address				Unit #
	City	State	Zip Code	
Social Security Number	Date of Birth			

Correct Information – Applicant represents that all the above statements are true and complete. Applicant acknowledges that giving false information herein or giving an incomplete application may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposit and may constitute a criminal offence under the laws of the state. By signing this application you authorize the screening process and acknowledge of copy of this notice. Applicant acquires no right to rental unit until Holding or Security Deposit is paid when requested by the Landlord or Manager.

The tenant screening or consumer credit report may entail, a credit or financial history, public records search, contacting current and former landlords, contacting employers, and verification of any information provided.

Signature of Applicant	Date
Signature of Landlord or Manager	Date

TR030612

Please Print Clearly.
Use Standard Black or Blue ink!

Application to Rent

Each Adult Applicant (**18 and older**)
Must Complete their own Application.

Applicants Full Name					Last		First		Middle		Suffix	
Current Physical Address										Unit #		
City					State			Zip Code				
Social Security Number					Date of Birth			Driver's Lic. #		State Issued In		
Applicant's Phone #					Applicant's Email							
Rental History												
Current Landlord					Phone #			Move In				
Rent/Mort. Due Monthly					Reason For Vacating							
Will you have any Pets?					<input type="radio"/> Yes		<input type="radio"/> No		If yes, Describe			
Are You, or any other potential residents, Smokers?					<input type="radio"/> Yes		<input type="radio"/> No		If yes, List			
Have you ever been Evicted?					<input type="radio"/> Yes		<input type="radio"/> No		If yes, Describe			
Have You Been Convicted of, or pled guilty or no contest to, any Criminal Offenses?					<input type="radio"/> Yes		<input type="radio"/> No		If yes, Describe			
Prior Address					City			State		Zip		
Landlord					Phone			Move In		Move Out		
Rent/Mort. Due Monthly					Reason For Vacating							
Prior Address					City			State		Zip		
Landlord					Phone			Move In		Move Out		
Rent/Mort. Due Monthly					Reason For Vacating							
Employment/Source of Income												
Current Employer					Position							
Phone #					Address							
<input type="radio"/> Full		<input type="radio"/> Part		<input type="radio"/> Salary		<input type="radio"/> Self		Monthly Income		Start Date		
Prior Employer					Position							
Phone #					Address							
<input type="radio"/> Full		<input type="radio"/> Part		<input type="radio"/> Salary		<input type="radio"/> Self		Monthly Income		Start		End
Tenant Screen Disclosure												

Correct Information – Applicant represents that all of the above statements are true and complete. Applicant acknowledges that giving false information herein or giving an incomplete application may constitute grounds for rejection of this application, termination of any right of occupancy, and/or forfeiture of deposit, and may constitute criminal offense under the law of this state. Applicant acquires no rights in the rental unit until a Holding or Security Deposit is paid to the landlord or manager. Each applicant will be charged a NON-Refundable Screening fee of _____. The tenant screening may entail, a consumer credit report, a credit or financial history, public records check, contacting current and former landlords, contacting employers, and verification of any information provided. By signing below the applicant authorizes the tenant screening process and acknowledges a copy of this notice.

Signature of Applicant

Date

Signature of Landlord or Manager

Date

Once signed, Keep application for seven (7) years.

Please Print Clearly.
Use Standard Black or Blue ink!

Additional Information

Please provide with
Application to Rent

Proposed Occupants				
Full Name (First, Middle, Last)	Relationship	Social Security Number	Date of Birth	Occupation

Financial Obligations			
Owed To	For	Monthly Payment	Total Owed

Emergency Contacts			
Name	Primary Phone Number	Secondary Phone Number	Relationship