

OREGON RENTAL APPLICATION

ALL UNITS SUBJECT TO TO BE COMPLETED BY EACH ADULT APPLICANT AVAILABILITY



PROPERTY NAME / NUMBER UNIT NUMBER ADDRESS _____ DATE UNIT WANTED ______ UNIT RENT \$_____ NON-REFUNDABLE SCREENING CHARGE \$____ OWNER/AGENT Robyns Nest Property Management, Inc. OWNER / AGENT ADDRESS 14780 SW Osprey Dr., Ste 365, Beaverton, OR 97007 SMOKING POLICY: ALLOWED - ENTIRE PREMISES PROHIBITED - ENTIRE PREMISES ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS) EMAIL. APPLICANT FULL LEGAL NAME PREVIOUS NAMES, ALIASES OR NICKNAMES USED DATE OF BIRTH ______ SOC. SECURITY # _____ APPLICANT PHONE (_____ GOVERNMENT ISSUED PHOTO I.D. TYPE CURRENT STREET ADDRESS _____ STATE ZIP DATE YOU MOVED IN _______ LANDLORD PHONE (CURRENT LANDLORD NAME STREET ADDRESS (OR APARTMENT NAME) STATE ____ APPLICANT FORMER STREET ADDRESS _____STATE _____ZIP _____FROM _____TO _____MM/DD/YYYY ___LANDLORD PHONE (_____) FORMER LANDLORD NAME STREET ADDRESS (OR APARTMENT NAME) STATE ZIP OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS ______ ______PHONE (_______ CURRENT EMPLOYER STREET ADDRESS ______STATE ______ZIP _____ HOW LONG? POSITION GROSS MONTHLY INCOME \$ \$______\$ SOURCE ______\$ OTHER MONTHLY INCOME: SOURCE ARE YOU SELF-EMPLOYED? YES NO PHONE () PREVIOUS ADDITIONAL EMPLOYER STREET ADDRESS _____ STATE ______ ZIP _____ CITY ___ ______ HOW LONG? _____ POSITION IF ADDITIONAL EMPLOYER, GROSS MONTHLY INCOME \$ THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT. ☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED. SECURITY DEP. MINIMUM THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL ☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SECURITY DEP. MAXIMUM \$ SCREENING RESULTS, AND OTHER FACTORS. (DEPENDS ON SCREENING RESULTS AND UNIT SIZE) MAXIMUM POTENTIAL RENT \$_ MINIMUM INSURANCE AMOUNT: \$
(\$100,000 | F LEFT BLANK) (\$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. PHICH 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 SO 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.)

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		MAKE	MODEL '	COLOR		LICENSE PLAT
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	MM/DD/YYYY		_	·	·	
	MM/DD/YYYY					
☐ IF CHECKED, PETS ARE NO	OT ALLOWED AT THIS PROPERTY.					
	LOWED SUBJECT TO APPROVAL		MANY PETS WILL BE	E RESIDING IN THI	S UNIT?	
	TYPE			•		
NAME	TYPE	BREED		AGE	WEK	GHT
DO YOU HAVE RENTER'S INS	URANCE? YES NO					
BANK(S)						
				ONE ()		
	J			ONE ()		
	ED, OR ARE YOU CURRENTLY IN					
HAVE YOU EVER BLED FOR F	BANKRUPTCY, OR ARE YOU CURF	DENTIVIN THE BANKRIE		VES [] NO IF VES	A/DD/YYYY	_
HAVE YOU EVER HAD A HOME	E FORECLOSED ON, OR ARE YOU	CURRENTLY IN THE FOR	RECLOSURE PROCE	SS? YES NO) IF YES, L	JAIE
	S NO IF YES, WHO			V	/ПЕIN	MM/DD/YYYY
WHY ARE YOU VACATING YO	OUR PRESENT PLACE OF RESIDE	ENCE?	_1,0=0,0=0			
HAVE YOU GIVEN LEGAL NO	TICE WHERE YOU NOW LIVE? [YES NO				
HOW DID YOU HEAR ABOUT	OUR PROPERTY?				upt and/e-	on Investigation
HOW DID YOU HEAR ABOUT Owner/Agent has charged a Consumer Report which ma may include information as additional disclosures providence. You have the right reporting agency as well as	a screening charge as set fort ay include the checking of the a to his/her character, general re ded under Section 606 (b) of th to dispute the accuracy of the s complete and accurate disclo	h above. Owner/Agent applicant's credit, income putation, personal challe Fair Credit Reporting information provided sure of the nature and	may obtain a conside, employment, re racteristics, and m Act, and a written to the Owner/Ager	sumer credit repo ntal history, and lode of living. You summary of your nt by the screeni	criminal c i have the rights pur	ourt records an eright to reques suant to Sectio
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☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

ON SITE

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