



OFFICE USE ONLY

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

PROPERTY NAME / NUMBER THE COMMODORE APARTMENTS 525

UNIT NUMBER \_\_\_\_\_ ADDRESS 1615 SW Morrison Street, PORTLAND, OR 97205

DATE UNIT WANTED \_\_\_\_\_ UNIT RENT \$ \_\_\_\_\_ NON-REFUNDABLE SCREENING CHARGE \$ 45.00

OWNER / AGENT Income Property Management Company MM/DD/YYYY PHONE 503.227.7037

OWNER / AGENT ADDRESS 1800 SW 1st Ave., Suite 220, Portland, OR 97201

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 (\_\_\_\_) \_\_\_\_\_

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 Bemrose Consulting PHONE (503) 419-6539

ADDRESS 12655 SW Center Street, Suite 540, Beaverton, OR 97005

EMAIL \_\_\_\_\_

If the application is approved, applicant will have \_\_\_\_\_ 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 \_\_\_\_\_

Form M002 OR Copyright © 2017 Multifamily NW®. NOT TO BE REPRODUCED WITHOUT WRITTEN PERMISSION. Revised 9/7/2017.