



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON (NOT FOR CITY OF PORTLAND)
RENTAL APPLICATION
TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS
SUBJECT TO
AVAILABILITY



OFFICE USE ONLY

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

PROPERTY NAME / NUMBER ParkRose Apartments

UNIT NUMBER _____ ADDRESS _____

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

OWNER / AGENT Albany Partnership for Housing & Community Development PHONE (541) 926-5451

OWNER / AGENT ADDRESS 2078 6th Avenue SE, Albany, OR 97321

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

APPLICANT

HAVE YOU APPLIED TO ANY OTHER LOCATIONS MANAGED BY OWNER/AGENT IN THE LAST 60 DAYS? YES NO

IF YES, WHERE? _____

APPLICANT FULL LEGAL NAME _____ EMAIL _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ MM/DD/YYYY 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 _____ MM/DD/YYYY TO _____ 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.

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

MAXIMUM POTENTIAL RENT	\$	961.00
2 Bedroom (\$601-	\$	706.00
3 Bedroom (\$669-	\$	847.00
4 Bedroom (\$732-	\$	961.00
	\$	

DEPOSITS

SECURITY DEP. MINIMUM	\$	601.00
SECURITY DEP. MAXIMUM	\$	1,922.00
(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 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.)

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)

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OTHER OCCUPANTS

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

VEHICLES

OTHER

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 BEEN EVICTED WITHIN THE LAST 5 YEARS OR IS THERE A PENDING EVICTION CASE AGAINST YOU? YES NO
IF YES, PLEASE LIST COUNTY & STATE _____

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 RELATED TO THE CRIMINAL CONVICTION CRITERIA? YES NO IF YES, WHO _____
COUNTY & STATE _____ WHEN _____ MM/DD/YYYY WHAT _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT BEEN ARRESTED FOR A CHARGE RELATED TO THE CRIMINAL CONVICTION CRITERIA THAT HAS NOT BEEN DISMISSED? YES NO IF YES, COUNTY & STATE _____
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? _____

SCREENING

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 1397, Wilsonville, OR 97070
EMAIL _____

If the application is approved, applicant will have 72 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.

SIGNATURE

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 Owner/Agent may refuse to process or deny this application if it is incomplete, fails to include information regarding my identification or income, or if I intentionally withheld or misrepresented required information. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. I have received and read the Owner/Agent's rental criteria.

APPLICANT DATE _____ SUPPLEMENTAL EVIDENCE PROVIDED? YES NO
OWNER/AGENT SUPPLEMENTAL EVIDENCE RECEIVED? YES NO

PHOTO I.D. VERIFIED BY _____ DATE RECEIVED _____ TIME RECEIVED _____
(INITIALS) MM/DD/YYYY

OWNER/AGENT NOTES BEDROOM SIZE REQUESTED (Please circle one) 2 3 4 ADA?

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