



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

**OREGON—TAX CREDIT
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 Periwinkle Place

UNIT NUMBER _____ ADDRESS 1700 Periwinkle Circle SE (Office)

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

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

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

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

APPLICANT

PLEASE DO NOT LEAVE ANYTHING BLANK. IF NOT APPLICABLE, WRITE "N/A."

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

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

IF YES, WHERE? _____

CURRENT LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT 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 APT NAME) _____ CITY _____ STATE _____ ZIP _____

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

INCOME

ARE YOU SELF-EMPLOYED? YES NO ARE YOU A FULL-TIME STUDENT? YES NO

CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME \$ _____

ADDITIONAL CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME \$ _____

OTHER MONTHLY INCOME: THIS INCLUDES, BUT IS NOT LIMITED TO, WELFARE ASSISTANCE, SOCIAL SECURITY, PENSIONS, DISABILITY, MILITARY PAY/BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, ALIMONY, STUDENT GRANTS/LOANS, SELF-EMPLOYMENT, LOTTERY INCOME, INCOME FROM THE SALE OF PROPERTY, INCOME FROM TRUSTS AND ANY OTHER INCOME RECEIVED FROM PEOPLE NOT RESIDING WITH YOU.

SOURCE _____ \$ _____ SOURCE _____ \$ _____

ASSETS

ASSETS: THIS INCLUDES, BUT IS NOT LIMITED TO, CHECKING/SAVINGS ACCOUNTS, 401K, MONEY MARKET ACCOUNTS, IRA, STOCKS/BONDS, CD'S, TRUSTS, WHOLE OR UNIVERSAL LIFE INSURANCE POLICIES, CASH HELD IN SAFETY DEPOSIT BOXES, ITEMS HELD AS INVESTMENTS, ETC.

ASSET TYPE	FINANCIAL INSTITUTION	ASSET TYPE	FINANCIAL INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____

OTHER OCCUPANTS

NAME	DATE OF BIRTH	SOCIAL SECURITY #	FULL-TIME STUDENT?
_____	_____ MM/DD/YYYY	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____ MM/DD/YYYY	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____ MM/DD/YYYY	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____ MM/DD/YYYY	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)

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VEHICLES

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER

PETS

IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

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

NAME _____	TYPE _____	BREED _____	AGE _____	WEIGHT _____
NAME _____	TYPE _____	BREED _____	AGE _____	WEIGHT _____
NAME _____	TYPE _____	BREED _____	AGE _____	WEIGHT _____

CONTACTS

EMERGENCY CONTACT _____ PHONE (____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (____) _____

ADDRESS _____

OTHER

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

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 _____ 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? _____

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 _____ 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.

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

RENT		DEPOSITS		GOOD FAITH ESTIMATE	
THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.		SECURITY DEP. MINIMUM	\$ 566.00	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).	
MAXIMUM POTENTIAL RENT		SECURITY DEP. MAXIMUM	\$ 1,318.00	Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).	
2 Bedroom	\$ 566.00	(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)	_____	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.	
2 Bedroom	\$ 659.00	_____	_____		
_____	\$ _____	_____	_____		
_____	\$ _____	_____	_____		
_____	\$ _____	_____	_____		

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 X _____ DATE _____ SUPPLEMENTAL EVIDENCE PROVIDED? YES NO

OWNER/AGENT X _____ SUPPLEMENTAL EVIDENCE RECEIVED? YES NO

PHOTO I.D. VERIFIED BY _____ DATE RECEIVED _____ TIME RECEIVED _____

OWNER/AGENT NOTES All 2 bedrooms ADA? Yes No

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