



Application for Rental

4093 Commercial St. S., Suite 130

Salem, OR 97302

Phone: 503-378-9999 Fax: 503-378-9998

Each adult (18+ Years) applying for unit must complete a separate application

It is the applicant's responsibility to ensure all information is correct and complete. Missing or incomplete information is grounds for rejection.

PLEASE PRINT: All information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references.

Personal Information

Full Name: _____

Social Security No. _____ Current Driver's License No. _____ State: _____

Birth Date: ____ / ____ / ____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

How long? _____; If renting an apartment: name/location: _____

Months

Phone: (____) _____

Landlord/Manager's Name: _____ Landlord/Manager's Phone: (____) _____

Reason for leaving current residence: _____

Employment History

Current Employer: _____ Position: _____ How Long? _____
Years

Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____

Gross Monthly Income before deductions: \$ _____ Other Income: _____ Source: _____

Former Employer: _____ Position: _____ How Long? _____
Years

Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____

Reason for leaving: _____

Emergency Contact Information

In case of an emergency, we may contact (List two, other than Spouse/Roommate)

Contact Name: _____ Relationship: _____ Phone: () _____

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Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____ Color: _____ License No: _____

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Rental History: Please provide 5 years worth of rental history

(If you need additional room, please attach another sheet with the requested information.)

Previous Address: _____

City: _____ State: _____ Zip: _____

How long? _____; If renting an apartment: name/location: _____
Months

Phone: () _____

Landlord/Manager's Name: _____ Landlord/Manager's Phone: () _____

Reason for leaving current residence: _____

Prior Address: _____

City: _____ State: _____ Zip: _____

How long? _____; If renting an apartment: name/location: _____
Months

Phone: () _____

Landlord/Manager's Name: _____ Landlord/Manager's Phone: () _____

Reason for leaving current residence: _____

Prior Address: _____

City: _____ State: _____ Zip: _____

How long? _____; If renting an apartment: name/location: _____
Months

Phone: () _____

Landlord/Manager's Name: _____ Landlord/Manager's Phone: () _____

Reason for leaving current residence: _____

Eviction and Criminal Information

Have you ever been evicted? Yes No If yes, please explain: _____

Have you ever been convicted of a crime, other than a traffic violation? Yes Date: _____ No

If yes, please explain: _____

Miscellaneous Information

Please list all other persons (including children) who live in the dwelling

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Bankruptcy Information

Have you filed a bankruptcy in the last 7 years? Yes Date: _____ No If yes, Chapter: 7 13

Pet Information

Note: If you have a pet, you will need to get Landlord's approval in writing and pay additional pet fees.

Pet Name: _____ Breed: _____ Color: _____ Age: _____ Sex: M F

Weight: _____ Date of rabies vaccine: _____ Date of Spay/Neuter: _____ Type: Dog Cat
Other _____

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Weight: _____ Date of rabies vaccine: _____ Date of Spay/Neuter: _____ Type: Dog Cat
Other _____

Personal Character References

List three people, other than your relatives, we may contact to verify your character

Name: _____ Relationship: _____ Phone: () _____

Email: _____ Address: _____

Name: _____ Relationship: _____ Phone: () _____

Email: _____ Address: _____

Name: _____ Relationship: _____ Phone: () _____

Email: _____ Address: _____

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2(S) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION ___; OR WILL BE PROVIDED ___ (please check one)

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit and/or personal information of the undersigned applicant to Landlord or its authorized agents, at any time, for the purpose of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Landlord or its Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at any time on the application and at any time in the future, with regard to any agreement entered into with Landlord. Any false information will constitute grounds for rejection of this application, or Landlord may at any time immediately terminate any agreement entered into in reliance upon misinformation given in this application.

Applicant's Authorization

Date



WVMLS Tenant Screening Request

1. Complete all applicable information requested.
2. Applicant's signature is required.
3. Form must include SSN and DOB.
4. Fax directly to: Advanced Reporting at 503-779-1345 or 877-450-2774

If you have questions call: 503-375-0451 or 888-375-0451

Cost varies by report. WVMLS will receive monthly billing from Advanced Reporting. WVMLS will then bill requestor via regular WVMLS monthly statement.

Billing Information: WVMLS Agent Number [Required] 11651

Please Print all Information Clearly

Agent Name: Janell Kolenc Company: HomeStar Brokers WVMLS Office Code: 11651
 4093 Commercial St SE #130
 Mailing Address: Salem, OR 97302 Phone: 503-378-9999 Fax: 503-378-9998

Applicant

Last Name: _____ First: _____ M.I. _____
 DOB: ____ / ____ / ____ SSN: - - Drivers License: _____ State: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Landlord: _____ Phone: _____ Rent: _____ Move in Date: _____
 Employer: _____ Phone: _____ Location: _____
 Supervisor: _____ Position: _____ Salary: _____ Hire Date: _____

I understand that Advanced Reporting will be preparing my Tenant Screening report for WVMLS on behalf of the agent listed above and I authorize them to obtain consumer credit/criminal history information on me. I authorize my creditors and employers to release to Advanced Reporting all information necessary to complete said report. This consent is subject to written revocation at anytime except to the extent that action has been taken in reliance there on. In any event, this consent shall expire upon the conclusion of said report.

Signature: _____ Date: _____

Screening Services

- Tenant Plus \$50.00**
- Credit Report with Score and Fraud Alert
 - Live Criminal
 - Criminal Plus
 - Instant Evictions
 - Employment Verification (first employer)
 - Landlord Verification (first landlord)

