



## RENTAL APPLICATION (CONFIDENTIAL)

### CONIFER GARDENS APARTMENTS 541-779-8262 PHONE # OR TTY DIAL 711

Management will not accept this application unless all questions contained herein are answered completely and legibly.

**Tenant and Spouse/Co-Tenant:**

Name:	Birthdate:	Social Security Number:

**Other Household Members:**


**Present Address:**

Street Address	City	State/Zip Code

**Previous Addresses** *(Must fill in last two previous addresses)***Previous Address #1**

Street Address	City	State/Zip Code

How Long?	From:	To:	Amount of Rent:
			\$

**Landlord:****Previous Landlord Phone # ( )**

Name	Street Address	City	State/Zip Code

**Previous Address #2**

Street Address	City	State/Zip Code

How Long?	From:	To:	Amount of Rent:
			\$

**Landlord:****Previous Landlord Phone # ( )**

Name	Street Address	City	State/Zip Code

Have you ever been evicted:  Yes  No

**Income Sources** (All Sources)

Source (Employer/Agency)	Phone #	Gross Monthly	Net Monthly
		\$	\$
		\$	\$
		\$	\$

**Credit Reference** (Include all installment payments)

Name	Account #	Monthly Pmt	Balance Due
		\$	\$
		\$	\$

Have you had credit under any other name?  Yes  No

If yes, what name? \_\_\_\_\_

**Automobiles:**

Make/Model	Year	License Tab #	Driver's License #

**Bank/Assets:**

Bank	Street Address	City, State, Zip	Type of Account	Approximate Balance
				\$
				\$
				\$

Other Assets: \_\_\_\_\_

In the last two (2) years has any household member disposed of an asset for less than Fair Market Value?

\_\_\_\_\_

**Character References:** (Must fill out at least 3)

Name	Street Address	City	State and Zip	Years Known

Have you, or anyone named on this application, ever been convicted of, pled guilty to, or pled nolo contendere to a criminal offense?  Yes  No

If yes, which household member? \_\_\_\_\_ Where? \_\_\_\_\_ (State)

Are you married?  Yes  No

Have you ever had your assistance or tenancy terminated in a subsidized housing program for fraud, non-payment of rent or failure to cooperate in recertification procedures?  Yes  No

If yes, explain: \_\_\_\_\_

Do you own any of the following?     washer/dryer     waterbed     aquarium  
 freezer     air conditioner     space heater

*(Installation of any of the above items would require prior management approval.)*

Do you, or anyone named on this application, require a reasonable accommodation or modification for a disability?  
 Yes     No

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In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation and mode of living is being verified. You have the right to dispute the information reported. Make inquiries to: Associated Credit Systems, Inc. The facts set forth in this application are true and complete. You, as the prospective tenant, agree that a complete investigation of all information on this application will not constitute invasion of privacy. I/We are aware of and extend the privilege to Associated Credit Systems, Inc. and its representatives to obtain credit reports and/or character reports as necessary. I/We understand that any mis-representation will be a sufficient cause of dismissal or voiding of the application. You agree to all the above and sign this of your own free will and acknowledge that the advanced screening fees (if applicable) are non-refundable.

I/We understand that I/we must contact the rental office within six (6) months in order to remain on the waiting list. Failure to update will result in removal of my/our name(s) from the waiting list.

I/We further understand that, upon acceptance of this application for tenancy, I/we must provide verification of income, assets and household composition, sign a Lease Agreement, and sign an Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures, Form HUD 50059. Deposit must be paid on, or before, date of occupancy and is refundable in the event I/we do not qualify for housing. Said deposit is not refundable if I/we refuse a unit that is offered to me/us.

Date: \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

**PHONE NUMBER:** (    ) \_\_\_\_\_

**OFFICE USE ONLY**

**RECEIVED BY:** \_\_\_\_\_    **DATE:** \_\_\_\_\_    **TIME:** \_\_\_\_\_