

PM PROPERTY MANAGEMENT, INC.
P.O. BOX 1026
ALBANY, OR 97321
(541) 926-1940 email: pm 97322@msn.com



APPLICATION FOR RENTAL

Date: _____ Applicant Screening Fee based on joint or separate status of Credit _____ Rent \$ _____

Owner/Agent _____

Complex/Facility Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Telephone# _____

Information provided may be made available to other services or agencies for verification either during application or if approved, during occupancy. By completing and submitting this application, applicant(s) does not acquire any rights in any rental unit. Should applicant be approved, the applicant(s) shall have _____ days to complete the necessary paperwork and pay required monies.

1. PERSONAL INFORMATION - APPLICANT #1

Legal Name: _____

Last First Middle

Date of Birth: _____ Soc. Security # _____

Driver's License # _____ State _____

Vehicle Make/Yr. _____ Model _____ Lic. # _____

APPLICANT #2

Legal Name: _____

Last First Middle

Date of Birth: _____ Soc. Security # _____

Driver's License # _____ State _____

Vehicle Make/Yr. _____ Model _____ Lic. # _____

2. RESIDENCE HISTORY - APPLICANT #1

Present Address: _____

Number Street

City State Zip

Home Telephone # _____ Work Telephone # _____

Own or Rent? _____ Monthly Payment? _____

Date of Move-in? _____

Name of Landlord or Mortgage Company: _____

Address: _____

Phone _____

APPLICANT #2

Present Address: _____

Number Street

City State Zip

Home Telephone # _____ Work Telephone # _____

Own or Rent? _____ Monthly Payment? _____

Date of Move-in? _____

Name of Landlord or Mortgage Company: _____

Address: _____

Phone _____

3. PREVIOUS RESIDENCE HISTORY - APPLICANT #1

Previous Address: _____

Number Street

City State Zip

Own or Rent? _____ Monthly Payment? _____

Date of Move-in? _____ Move-out? _____

Name of Landlord or Mortgage Company: _____

Address: _____

Phone _____

APPLICANT #2

Previous Address: _____

Number Street

City State Zip

Own or Rent? _____ Monthly Payment? _____

Date of Move-in? _____ Move-out? _____

Name of Landlord or Mortgage Company: _____

Address: _____

Phone _____

4. INCOME DESCRIPTION - APPLICANT #1

Employer Name: _____

Complete Address: _____

Telephone # _____ Position _____

Gross: _____ Net Wages: _____ How Often: _____

Employment Date of Hire: _____

Additional Sources of Income (List source/amount/frequency):

Source _____ Amt. _____ Frequency _____

Source _____ Amt. _____ Frequency _____

TOTAL MONTHLY INCOME: \$ _____

APPLICANT #2

Employer Name: _____

Complete Address: _____

Telephone # _____ Position _____

Gross: _____ Net Wages: _____ How Often: _____

Employment Date of Hire: _____

Additional Sources of Income (List source/amount/frequency):

Source _____ Amt. _____ Frequency _____

Source _____ Amt. _____ Frequency _____

TOTAL MONTHLY INCOME: \$ _____

6. OTHER IMPORTANT INFORMATION

List names and date of birth for all persons to occupy the unit:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Do you have pets or other animals? Yes No Type _____

Do you have or use a waterbed? Yes No An aquarium? Yes No

Do you intend to use a musical instrument? Yes No

Have any of the persons named on this application:

Been evicted? Yes No Been convicted of a felony? Yes No

Why are you vacating present place of residence? _____

7. APPLICANT CERTIFICATION OF ACCURACY / SIGNATURES

Applicant(s) hereby certify that the information is true and correct and hereby authorize landlord/agent to make any necessary inquiries deemed necessary to evaluate the application for tenancy and credit standing. Applicant understands and accepts that any information provided that is incomplete, inaccurate, or falsified shall be grounds for denial of the application or subsequent termination of tenancy upon determination of such falsified information.

APPLICANT #1: _____

APPLICANT #2: _____

Date Submitted _____ Visual proof of photo I.D. reviewed: Yes No

Accepted Rejected

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Legal Name: _____

Last First Middle

Date of Birth: _____ Soc. Security # _____

Driver's License # _____ State _____

Vehicle Make/Yr. _____ Model _____ Lic. # _____

APPLICANT #2

Legal Name: _____

Last First Middle

Date of Birth: _____ Soc. Security # _____

Driver's License # _____ State _____

Vehicle Make/Yr. _____ Model _____ Lic. # _____

2. RESIDENCE HISTORY - APPLICANT #1

Present Address: _____

Number Street

City State Zip

Home Telephone # _____ Work Telephone # _____

Own or Rent? _____ Monthly Payment? _____

Date of Move-in? _____

Name of Landlord or Mortgage Company: _____

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APPLICANT #2

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City State Zip

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City State Zip

Own or Rent? _____ Monthly Payment? _____

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Previous Address: _____

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City State Zip

Own or Rent? _____ Monthly Payment? _____

Date of Move-in? _____ Move-out? _____

Name of Landlord or Mortgage Company: _____

Address: _____

Phone _____

4. INCOME DESCRIPTION - APPLICANT #1

Employer Name: _____

Complete Address: _____

Telephone # _____ Position _____

Gross: _____ Net Wages: _____ How Often: _____

Employment Date of Hire: _____

Additional Sources of Income (List source/amount/frequency):

Source _____ Amt. _____ Frequency _____

Source _____ Amt. _____ Frequency _____

TOTAL MONTHLY INCOME: \$ _____

APPLICANT #2

Employer Name: _____

Complete Address: _____

Telephone # _____ Position _____

Gross: _____ Net Wages: _____ How Often: _____

Employment Date of Hire: _____

Additional Sources of Income (List source/amount/frequency):

Source _____ Amt. _____ Frequency _____

Source _____ Amt. _____ Frequency _____

TOTAL MONTHLY INCOME: \$ _____

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APPLICANT #1: _____

APPLICANT #2: _____

Date Submitted _____ Visual proof of photo I.D. reviewed: Yes No

Accepted Rejected