



WASHINGTON  
**RENTAL APPLICATION**  
 TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT  
 TO AVAILABILITY



**IPM** INCOME  
 PROPERTY  
 MANAGEMENT CO.

PROPERTY NAME / NUMBER Barrington Place 323  
 UNIT NUMBER \_\_\_\_\_ ADDRESS 8910 NE Hazel Dell Ave  
 DATE UNIT WANTED \_\_\_\_\_ UNIT RENT \$ \_\_\_\_\_ SCREENING CHARGE \$ 40.00  
 OWNER / AGENT Income Property Management Company PHONE (360) 573-1865  
 STREET ADDRESS 721 SW Oak Street, Suite 100, Portland, OR 97205-3793  
 SMOKING POLICY:  SMOKING ALLOWED - ENTIRE PREMISES  SMOKING PROHIBITED - ENTIRE PREMISES  
 SMOKING ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

**APPLICANT** FULL LEGAL NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PREVIOUS NAMES, ALIASES OR NICKNAMES USED \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # / STATE \_\_\_\_\_  
 APPLICANT PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_  
 PRESENT STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE YOU MOVED IN \_\_\_\_\_  
**CURRENT LANDLORD** NAME \_\_\_\_\_ LANDLORD PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
 STREET ADDRESS (OR APARTMENT NAME) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**APPLICANT** FORMER STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
**FORMER LANDLORD** NAME \_\_\_\_\_ LANDLORD PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
 STREET ADDRESS (OR APARTMENT NAME) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS** \_\_\_\_\_

**PRESENT EMPLOYER** \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 POSITION \_\_\_\_\_ HOW LONG? (DATE HIRED) \_\_\_\_\_  
 GROSS PAY \$ \_\_\_\_\_ OTHER INCOME \$ \_\_\_\_\_ SOURCE \_\_\_\_\_  
**PREVIOUS EMPLOYER** \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 POSITION \_\_\_\_\_ HOW LONG? \_\_\_\_\_

APPLICANT'S INITIALS \_\_\_\_\_

ON SITE  RESIDENT  MAIN OFFICE (IF REQUIRED)

REFERENCES

BANK \_\_\_\_\_ BANK \_\_\_\_\_

HAVE YOU ESTABLISHED RETAIL CREDIT?  YES  NO

RELATIVE / PARENT \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED?  YES  NO IF YES, DATE \_\_\_\_\_

**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?**  YES  NO IF YES, WHO \_\_\_\_\_ WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

WHAT \_\_\_\_\_

OTHER OCCUPANTS

NAME	DATE OF BIRTH	VEHICLES	MAKE	MODEL	STATE	LICENSE PLATE #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHER

**ANIMALS** (SUBJECT TO APPROVAL BY MANAGEMENT) NUMBER & TYPE: \_\_\_\_\_

DO YOU INTEND TO USE:  WATERBED  AQUARIUM  MUSICAL INSTRUMENT \_\_\_\_\_

DO YOU HAVE RENTER'S INSURANCE?  YES  NO

APPROVAL

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? \_\_\_\_\_

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 HOF Investigations PHONE (541) 343-2521

ADDRESS 1111 Pearl St., Eugene, OR 97401

If the application is approved, applicant will have 24 hours from the time of notification to either execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute a Deposit to Secure Occupancy 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.

*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 giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I have received and read the Owner/Agent's rental criteria.*

APPLICANT X \_\_\_\_\_ DATE \_\_\_\_\_  PICTURE I.D. VERIFIED BY \_\_\_\_\_ (INITIALS)

OWNER/AGENT X \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_

OWNER/AGENT NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_