

CHEHALEM PROPERTY MANAGEMENT

2750 E. Ninth St., Suite 102, Newberg, OR 97132 503554-0219 office 503554-0571 fax

APPLICATION TO RENT

THIS APPLICATION MUST BE COMPLETED IN FULL TO ASSURE PROMPT PROCESSING
Applications received without the \$40.00 non-refundable screening fee will not be processed

____ Applicant(s) Approved
____ Applicant(s) Denied

RENTAL UNIT INFORMATION

Property Address _____ Unit # _____
Move in Date _____ Term - Lease _____
Rent Amount \$ _____
Refundable Deposit \$ _____
Non-Refund. Pet Fee \$ _____
Non-Refund. Cleaning Fee \$ _____

APPLICANT INFORMATION

ALL NON-MARRIED ADULTS MUST FILL OUT A SEPARATE APPLICATION AND PAY A SEPARATE SCREENING FEE.

____ ID checked _____ ID checked

Applicant Name (Include Jr. or Sr. If Applicable) _____ Spouse Name (Include Jr. or Sr. If Applicable) _____
Social Security Number _____ Birth date _____ Social Security Number _____ Birth date _____
If you have used any other name please list. _____ If you have used any other name please list. _____
Drivers License Number _____ State of Issue _____ Drivers License Number _____ State of Issue _____
of Children _____ Names _____ Pets Yes No Description _____
CPM use only: _____

RESIDENT HISTORY

1 year

Current Address _____ Street _____ Phone # _____	Former Address _____ Street _____ Phone # _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Moved in _____ Monthly Payment \$ _____	Moved in _____ Moved out _____ Monthly pmt. \$ _____
Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>	Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>
Landlord or Mortgage Co. _____ Phone # _____	Landlord or Mortgage Co. _____ Phone # _____

CPM use only: _____

EMPLOYMENT HISTORY

1 year

Applicant current employer _____ Start _____	Spouse current employer _____ Start _____
Address, City, State, Zip _____ Phone# _____	Address, City, State, Zip _____ Phone# _____
Position _____ Monthly Salary _____	Position _____ Monthly Salary _____
Former Employer _____ Start/End _____	Former Employer _____ Start/End _____
Address, City, State, Zip _____ Phone# _____	Address, City, State, Zip _____ Phone# _____
Position _____ Monthly Salary _____	Position _____ Monthly Salary _____

CPM use only: _____

EMERGENCY CONTACT

Name of Nearest Relative/Contact _____ Relationship _____ Address, City, State, Zip _____ Phone# _____

Applicant, Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through Associated Credit Systems. Applicant/Co-Applicant understand that a NONREFUNDABLE SCREENING FEE OF \$40.00 will be paid to the landlord/agent at the time of application is submitted.

Date _____ Applicant Signature _____ Co-Applicant Signature _____