CHEHALEM PROPERTY MANAGEMENT

2750 E. Ninth St., Suite102, Newberg, OR 97132 503-554-0219office 503-554-0571fax

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

Rent Amount $ _____
Year — Term - Lease
Security Deposit $ _____

Property Address _____ Unit # _____

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 ☐ Describe: _____

Email for future communications:

CPM use only: _____

RESIDENT HISTORY

1 year

Current Street Address _____ Current Phone # _____ Former Street Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Moved in _____ Monthly Payment $ _____ Moved in _____ Moved out _____ Monthly pmt. $ _____

Own ☐ Rent ☐ Lease ☐ Own ☐ Rent ☐ Lease ☐

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 Tenant Data and any other applicable sources. 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 _____