

Name

Emergency Contact

Application Reviewed by:

RICHES MANAGEMENT
PO BOX 5014 SALEM, OR 97304
503-315-7116/OFFICE & FAX; 503-932-9368/CEL

reporting Screening Service		503-315-7116/OFFICE & FAX; 503-932-9368/CELL RICHMGT2003@COMCAST.NET			
☐ Credit/SSN ☐ Criminal		☐ Employme	ent Verification	☐ Rental History	
Rental Application — This application must be completed in full to assure p	rompt processing.				
Date Applicant Screening Charge \$	Mgmt. Co.				
<u>Complex Name</u>	Available unit #	R	equested move in date	Rent Amount \$	
Applicant Information — A SEPARATE APPLICATION TO BE COMPLETED	N RY FACU ANIIIT ADDITICANT				
	DI LACITADULI AFFLICANI.	1 0000000000000000000000000000000000000			
□ Applicant □ Applying with			Co-Signer for		
	First	M	iddle		
List any other names you have used	Phone #	Er	mail		
Date of Birth Soc. Sec. #	Driver's License #	State of Issue	Vehicle Year Make/N	lodel Color Lic#	
Residence History			icai iviane/jy	lodel Color Lic.#	
Current Address		City	State	Zip	
Reason for moving?	lent Move in date		Monthly Payn		
Landlord/Management Co. Complex name			Phone #	rene	
Previous Address		City		Zip	
Reason for moving?	ent Move in date	Move out date	Monthly Paym		
Landlord/Management Co. Complex name			Phone #		
Employment History					
Current Employer	Previou	ıs Employer			
Address City State Z	Zip Address	a ampioyer	City	State Zip	
Start End Phone #	Start	End	Phone #	State Zip	
Position Supervisor	Position		Supervisor	×.	
Monthly wage/Hourly rate #Hrs. per week Pay schedule	Monthly	wage/Hourly rate	#Hrs. per week	Pay schedule	
Bank References					
Jan Herenes					
Name of Bank, Savings & Loan, or Credit Union Address		Account #	☐ Checkin	g 🔲 Savings	
Have you ever filed for Bankruptcy? $\hfill \square$ Yes $\hfill \square$ No \hfill If yes, please list	t date(s):				
Additional Information					
Has the applicant on this application been evicted? ☐ Yes ☐ No ☐ If yes, please list	::				
Apartment Name Gi	ity			State	
Has the applicant on this application been convicted of any felony or misdemeanor?					
Offense Ci	ity		State		
Are you or anyone who will be residing in the unit be required to register as a Sex Offence	der?				
Do you smoke? ☐ Yes ☐ No Do you have waterbed? ☐ Yes ☐ No Do you have an aquarium? ☐ Yes ☐ No Do you have a musical instrument? ☐ Yes ☐ No					
Do you have pets of any kind? ☐ Yes ☐ No ☐ Service Animal If yes, please describe - Type, Name, color, & age					
Do you have Renter's Insurance?					
List names, DOB, & SSN of all other occupants					
Name DOB SS	NameName		DOB	SSN	

Applicant acknowledges that landlord and/or agents are relying on the statements made above. Applicant represents and warrants that any and all information and statements made on this application are true and correct to the best of applicant's knowledge. Applicant acknowledges that any information found to be false, incomplete or inaccurate will result in the denial of the application and/or subsequent termination of tenancy. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. Advanced Reporting and/or landlord is hereby authorized to obtain applicant's consumer report information, including but not limited to credit and/or criminal history and verify any references in connection with the processing of this application.

Name

City

State

SSN

_ Applicant I.D. Verified by: _

DOB

Relationship

Applicant Signature	Data
Applicant signature	Date

SSN

DOB

Phone