

Commonwealth Real Estate Services
 18150 SW Boones Ferry Road
 Portland, OR 97224
 (503) 244-2300
 (503) 768-4660 Fax

RENTAL APPLICATION

FORM

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ON-SITE MANAGER USE ONLY:			
COMMUNITY NAME:		FEE(S) RECEIVED \$ _____ Consumer Report = \$60 per Applicant	CHECK ONE: <input type="checkbox"/> Primary Resident <input type="checkbox"/> Additional Occupant
Community Info	DATE RECEIVED:	MANAGER'S NAME:	COMMUNITY PHONE NUMBER:
	REQUESTED MOVE-IN DATE:	REQUESTED SPACE NUMBER:	RENT AMOUNT:
	TOTAL NUMBER OF APPLICANTS:	TOTAL NUMBER OF OCCUPANTS IN HOME:	NUMBER OF VEHICLES:
INSTRUCTIONS: Please print clearly and legibly – All information <i>MUST</i> be filled out - DO NOT LEAVE ANY SECTIONS BLANK – IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED			
WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER APPLICATIONS MUST BE COMPLETED BY ALL POTENTIAL OCCUPANTS 18 YEARS OF AGE OR OLDER AND/OR EMANCIPATED MINORS LEGAL NAME AS IT APPEARS ON GOVERNMENT ISSUED ID (FIRST, MIDDLE, LAST)			
SOCIAL SECURITY# / TIN:		DATE OF BIRTH:	SECONDARY GOVERNMENT ISSUED ID: <input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT
TELEPHONE:		EMAIL:	License #: _____ Exp. Date: _____ <input type="checkbox"/> Authorization to receive information via email
WE REQUIRE THE MOST RECENT FIVE (5) YEAR RESIDENTIAL HISTORY ON ALL APPLICATIONS AND APPLICANTS. ATTACH AN ADDITIONAL SHEET IF NECESSARY			
CURRENT ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	CURRENT MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
CURRENT LANDLORD NAME:	ADDRESS:	TELEPHONE:	
PREVIOUS ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
PREVIOUS LANDLORD NAME:	ADDRESS:	TELEPHONE:	
PREVIOUS ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
PREVIOUS LANDLORD NAME:	ADDRESS:	TELEPHONE:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHERE & WHEN?	OFFENSE?
HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHERE & WHEN?	REASONING?
PETS: <input type="checkbox"/> DOG(S) # _____ <input type="checkbox"/> CAT(S) # _____ <input type="checkbox"/> OTHER # _____ <input type="checkbox"/> NONE		BREED/WEIGHT AT MATURITY (IN POUNDS):	
IF OTHER, PLEASE SPECIFY: _____			
INCOME INFORMATION			
GROSS MONTHLY INCOME:		SOURCE OF INCOME	
FREQUENCY OF INCOME: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> SELF EMPLOYED ** tax return & bank statements (2 most recent report periods) <input type="checkbox"/> INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent reporting periods) <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> DISABILITY <input type="checkbox"/> EMPLOYED ** Two (2) months pay stubs <input type="checkbox"/> OTHER (Please explain) _____	
DATE OF HIRE:	HOW LONG RETIRED:		
IF EMPLOYED, PLEASE PROVIDE: NAME OF EMPLOYER:		POSITION:	TELEPHONE:
SUPERVISOR:	ADDRESS:		



Employment History Verification Request

I have been retired for 2 years or longer

We have received an application from the person(s) named below to rent a space in our manufactured home community. Please fill out your response to the following questions and email (preferred) to: or fax to: Prospective Tenant:

I (print name) have applied for residency at and stated that I am now or was formerly employed by you. My signature below authorizes verification of the following information.

Signature Date

Current Employer:

Address:

Telephone:

Occupation

Supervisor Employment Dates: From To

Gross Monthly Salary: \$ Full Time Part Time Temporary Self Employed

Do you anticipate that the applicant's employment will continue? Yes No

Previous Employer:

Address:

Telephone:

Occupation

Supervisor Employment Dates: From To

Gross Monthly Salary: \$ Full Time Part Time Temporary Self Employed

Under penalty of perjury, I certify that the information provided is true and correct: Employer Signature: Date: Printed Name: Title: Telephone Number: Fax: Address: City: State: Zip:



Rental History Verification Request

I have been residing with family for 5 years or longer I have owned my home for 5 years or longer

We have received an application from the person(s) named below to rent a space in our manufactured home community. Please fill out your response to the following questions and email (*preferred*) to: _____ or fax to: (____)_____. Prospective Tenant: _____

I _____ (print name) have applied for residency at _____ and stated that I am now or formerly rented housing from you. My signature below authorizes verification of the following information.

Signature _____ Date _____

Current or previous address: _____
(Circle One)

Apartment or community name: _____

Address: _____ Space or Apt. #: _____

City: _____ State: _____ Zip: _____

Manager/Landlord Name: _____

Move-in and Move-out date(s): _____

Monthly rent: \$ _____ Did the tenant pay on time? _____ Any Returned Checks? _____

Was proper notice given? _____ Any complaints? _____

Roommates, pets, etc. not on lease? _____ Damage to unit or space? _____

Any notices issued? _____ Any notices filed? _____

Would you rent to the tenant(s) again? _____

Under penalty of perjury, I certify that the information provided is true and correct:
Landlord Signature: _____ Date: _____
Printed Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____
Address: _____
City: _____ State: _____ Zip: _____