## **Commonwealth Real Estate Services**

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

## **RENTAL APPLICATION**

**FORM** 

3

ON-	SITE MANAGER U	JSE ONLY:											
COM	MUNITY NAME:						FEE(S)	RECEIVE	D \$				K ONE:
				Consu			mer Report = \$60 per Applicant					Primary Resident Additional Occupant	
DATE RECEIVED:				MANAGER'S NAME:					COMMUNITY PHONE NUMBER:				
REQUESTED MOVE-IN DATE:  TOTAL NUMBER OF APPLICANTS:				REQUESTED SPACE NUMBER:					RENT AMOUNT:				
Comm	TOTAL NUMBER OF	APPLICANTS:			TOTAL NUMBER OF OCCUPANTS IN HOME:					NUMBER OF VEHICLES:			
INST	RUCTIONS: Please print of	clearly and legibly - All	information I	<i>MUST</i> be fi	illed out -	DO NOT L	EAVE AN	Y SECTION	NS BLANK – IF NOT CO	OMPLETED, A	APPLICATION	MAY NO	OT BE CONSIDERED
LEGA	APPLICATION APPLICATION APPEAR		IPLETED B	Y ALL PO	OTENTIA	AL OCCU			NG PROVIDER S OF AGE OR OLDE	R AND/OR	EMANCIPAT	ΓED MI	NORS
SOCI	SOCIAL SECURITY#/TIN:  DATE OF BIRTH:  SECONDARY GOVERNMENT ISSUED ID:  DRV. LIC. & STATE   STATE ID   PASSPORT												
TELE	PHONE:				License #:  EMAIL: □ Authori				Exp. Date: ation to receive information via email				
		WE REQUIRE THE	E MOST REC	SENT FIVE	- (5) VE AF	R RESIDE	NTIAL H	ISTORYO	N ALL APPLICATION	IS AND APP	LICANTS		
								ET IF NEC					
CURF	RENT ADDRESS:							CITY:		STATE	:		ZIP:
□ o\	VN □ RENT	☐ RESIDE WITH FA	AMILY	CURREN	TMONTH	ILY PAYN	MENT:	LENGTH Yrs:	OF OCCUPANCY Mths:	REASON	FOR LEAVIN	IG:	
CUR	RENT LANDLORD NAM	E:		ADDRES	S:			•		TELEPHO	ONE:		
PREV	IOUS ADDRESS:							CITY:		STATE	i:		ZIP:
□ ov	VN □ RENT	☐ RESIDE WITH FA		PREVIOU PAYMEN		HLY		LENGTI Yrs:	H OF OCCUPANCY Mths:	REASON	FOR LEAVIN	IG:	
PREV	IOUS LANDLORD NAM	IE:		ADDRES	S:			•		TELEPHO	ONE:		
PREV	IOUS ADDRESS:		1					CITY:		STATE	<u>:</u>		ZIP:
□ o\	VN □ RENT	☐ RESIDE WITH FA		PREVIOU PAYMEN	JS MONTI IT:	HLY		LENGTI Yrs:	H OF OCCUPANCY Mths:	REASON	FOR LEAVIN	IG:	
PREV	IOUS LANDLORD NAM	IE:		ADDRES	S:			•		TELEPHO	ONE:		
HAVE	YOU EVER BEEN CON S	NVICTED OF A CRIM	INAL OFFEN	NSE?	IF SO, W	VHERE &	WHEN?			0	FFENSE?		
HAVE □ YE	YOU EVER BEEN EVIC S	CTED?			IF SO, W	VHERE &	WHEN?			R	EASONING?		
	: DOG(S)#	` ,	OTHER	R #	_ □ NO	NE	BREED	/WEIGHT	AT MATURITY (IN PO	DUNDS):			
IF OT	HER, PLEASE SPECIF	Y:				NCOME	INFORM.	ATION					
GRO	SS MONTHLY INCOME:	1		SOURC	E OF INC		INFORM	ATION					
				☐ SEI	LF EMPLO	OYED ** t	ax return	& bank st	atements (2 most red	ent report p	eriods)		
	QUENCY OF INCOME:	_		reportir	ng periods	s)	EMENT/P	ERIODIC *	* Savings, retiremen	t or other inv	estment state	ements	s (2 most recent
	onthly			☐ DIS	CIAL SEC								
DATE	OF HIRE:	HOW LONG RETI	RED:			ase expla	in)	pay stubs	· 				
	PLOYED, PLEASE PRO E OF EMPLOYER:	OVIDE:				PO	OSITION:			TEL	EPHONE:		
SUPE	RVISOR:		ADDRESS	<b>S</b> :									

	OCCUPAN	TS UNDER AGE 18	(Attach additio	nal she	et if necessary)	
z	NAME	DOB	DRV. LIC. & STATE, STATE ID, OR PASS		SOCIAL SECURITY # / TIN	RELATIONSHIP
OTHER INFORMATION						
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Z		I	INFORMATIOI	N		1
開	VEHICLE MAKE	YEAR	MODEL		LICENSE PLATE #	OTHER (RV, BOAT, ETC)
Ė						
I/W	 e certify that Community management has the r	 ight to refuse admission to	anv manufactured	d home if	upon arrival at the Comm	unity, the home is not
the same or in the same condition represented by the applicant in this application. Upon approval of this application, I/We will execute a written rental agreement and all other required documents prior to occupancy and within ninety (90) days or approval for residency will be withdrawn. If I choose to submit a new application, a new application fee will be required.						
		ANT AUTHORIZATION AND CON	NSENT FOR RELEASE	OF INFORM	ATION	
ES7	/We certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize COMMONWEALTH REAL ESTATE SERVICES and its subsidiaries to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. False, fraudulent or misleading information or references as well as any returned check(s) for application fee(s) may be grounds for denial of tenancy or subsequent eviction.					
	e hereby hold COMMONWEALTH REAL ESTA erbal information concerning my tenancy with p		s, agents and subsi	idiaries h	armless from any liability f	or exchanging written
fron and age info acti Acc	By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including The Screening Pros, Manage America, CoreLogic, SafeRent, FAR, NCR, Origin and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports in working with any future collection actions).  According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report.					
	We acknowledge receipt of community's Screening Policy/Criteria. In addition to base application fees, I/we agree to pay directly to provider any and all additional fees and costs associated with obtaining information necessary to complete the application process.					
mee	This application is not complete without payment of all required application fees by check or money order. This application will be denied upon failure to meet community's screening criteria and/or to provide required documentation, pursuant to law. Upon denial, landlord has no further obligation to consider this application.					
This application shall be automatically extended for an additional seven (7) days in the event all information necessary to complete this application is not provided to community within the time permitted by law.						
I, the undersigned applicant, do hereby certify that the information provided by me is true, accurate and complete to the best of my knowledge. Any copy of this document is as valid as the original.						
PRIN	NT FULL NAME:					
SOC	CIAL SECURITY NUMBER / TAX IDENTIFICATION NUMB	BER:	DATE	OF BIRTH	l:	
CUR	RENT ADDRESS:		<b>L</b>			
CITY	//COLINTVISTATE/7ID.		I C 55	N 110 ° 4	STATE   STATE ID   DAGG	DODT
CITY	//COUNTY/STATE/ZIP:				STATE STATE ID PASS	
455	LICANTICCIONATURS				EXP DA	TE:
APP	LICANT'S SIGNATURE:		DATE	::		



## **Employment History Verification Request**

<u> </u>	retired for 2 years or longer an application from the person(s) named below to rent a space in our manufactured home
community. Please	e fill out your response to the following questions and email (preferred) to:  Prospective Tenant:
at	(print name) have applied for residency and stated that I am now or was formerly My signature below authorizes verification of the following information.
Signature	Date
Current Employer:	
Address:	
Telephone:	
Occupation	
Supervisor	Employment Dates: / To
Gross Monthly Salary:	\$ Full Time Part Time Temporary Self Employed
Do you anticipate t	hat the applicant's employment will continue?   Yes   No
Previous Employe	r:
Address:	
Telephone:	
Occupation	
Supervisor	Employment Dates:/
Gross Monthly Salary:	\$ Full Time Part Time Temporary Self Employed
Under penalty of per	jury, I certify that the information provided is true and correct:
Employer Signature:	Date:
Printed Name:	
Telephone Number:	Fax:
Address:	
City:	State:Zip:



## Rental History Verification Request

☐ I have been residing with family for 5 years or lon	iger $\square$ I have owned my nome for 5 years or 10
We have received an application from the person(s) name community. Please fill out your response to the following or fax to: () Prospective Tenai	questions and email (preferred) to:
Iat	(print name) have applied for residency and stated that I am now or formerly rented
housing from you. My signature below authorizes verifica	ation of the following information.
Signature	Date
Current or previous address:	
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 i	is true and correct:
Landlord Signature:	Date:
Printed Name:	Title:
Telephone Number:	Fax Number:
Address:	
City:	State:Zip: