A 1 PROPERTY MANAGEMENT

398 E RIDGEWAY AVENUE
HERMISTON, OR 97838

OFFICE (541)567-4663
FAX (541)667-2007

APPLICATION PROCESS

ONE APPLICATION PER POTENTIAL OCCUPANT 18 YEARS OF AGE OR OLDER

Required for processing: A **valid** Driver's License, State Issued ID or Passport, And Social Security Card along with Proof of Income.

◯Applications must be complete for the screening process. Incomplete applications will not be considered. Applications are taken in the order that they are received.

◯All persons occupying the unit are to be included on application.

◯Security deposits are *subject to change* during the screening process.

◯Total household income must equal at least 3 times the monthly rent.

Once you are pre-approved, we will show the property. If you accept the unit you will then pay the $60 (cash) BACKGROUND SCREENING FEE per adult.

All money (rent and deposit) due when signing Rental Agreement.

You must bring verification of UTILITY CHANGE when signing Rental Agreement.

POSSIBLE CAUSES FOR DENIAL:

*If you have ever had a court ordered eviction
*If you have falsified any information
*If you owe previous landlord(s) money
*If you have a bankruptcy, judgment or lien on your record

▸ THE APPLICANT'S BEHAVIOR AND DEMEANOR MAY BE GROUNDS FOR DENIAL DURING THE APPLICATION PROCESS ◂

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TENANT SCREENING CRITERIA

This criteria is for ALL rental properties under management by our office.
Please review to ensure you can meet the requirements.

◯APPLICATIONS:

- A NON-REFUNDABLE background screening fee of $60.00 per adult (18 & over).

A minimum credit score of 600 is required for all applicants.

- Two forms of GOVERNMENT ISSUED ID are required for each applicant; one photo ID and social security card or passport.
- Applications must be complete, legible and accurate. Illegible applications will not be considered.

◯RENTAL HISTORY CRITERIA:

- No evictions, liens or judgements on record.
- We require 2 verifiable prior rental references. Friends or family members will not be accepted as a reference.
- The following can be considered a deniable factor:
  - More than 2 late rent /mortgage payments on record in a 12 month period.
  - More than 1 noise complaint on record in a 12 month period.
  - A broken lease agreement with a previous landlord.
  - Inaccurate or false information on rental application.

◯INCOME/EMPLOYMENT CRITERIA:

- Total household gross income must be 3 times the amount of rent.
- Must be employed with same company for more than 6 months.
- The following can be considered a deniable factor:
  - No proof of income.
  - Falsification of income.
  - Cannot meet income requirements.

◯LIMITATIONS:

- Occupancy may not exceed 2 persons per bedroom.
- Pets are not allowed unless otherwise stated by landlord.

Printed name of applicant:_____ Date:_____

Signature of applicant:_____

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APPLICATION FOR RENTAL

One application per potential occupant 18 years of age or older
Print **CLEARLY** and **LEGIBLY**

ADDRESS OF PROPERTY:_____ RENT $_____

APPLICANT INFORMATION

APPLICANT'S LEGAL LAST NAME_____FIRST_____MI____

SOCIAL SECURITY NUMBER_____DATE OF BIRTH_____

DRIVER'S LICENSE #_____STATE_____APPLICANT PHONE #_____

EMAIL ADDRESS_____TOTAL # OF OCCUPANTS_____

OCCUPANTS UNDER THE AGE OF 18 MUST BE LISTED BELOW:

NAME_____DOB_____NAME_____DOB_____

NAME_____DOB_____NAME_____DOB_____

CURRENT RESIDENCE INFORMATION

CURRENTLY OWN?_____ RENT?_____ HAVE YOU EVER BEEN **EVICTED?**_____ YEAR_____

REASON FOR VACATING CURRENT HOME_____

AMOUNT OF RENT OR MORTGAGE $_____ DATE OF MOVE IN:_____ ANTICIPATED DATE OF MOVE OUT:_____

CURRENT ADDRESS INCLUDING CITY, STATE and ZIP:

_____

NAME AND PHONE # OF LANDLORD OR MORTGAGE CO._____

PREVIOUS RESIDENCE INFORMATION

OWN?_____ RENT?_____AMOUNT OF RENT OR MORTGAGE $_____DATE OF MOVE IN:_____DATE OF MOVE OUT:_____

REASON FOR VACATING PREVIOUS HOME_____

PREVIOUS ADDRESS INCLUDING CITY, STATE and ZIP:

_____

NAME AND PHONE # OF LANDLORD OR MORTGAGE CO._____

INCOME INFORMATION

TOTAL MONTHLY INCOME **GROSS** _____ FREQUENCY OF INCOME_____

SOURCE OF INCOME:
SELF EMPLOYED?_____ INVESTMENT/RETIREMENT?_____ EMPLOYED ?_____ CHILD SUPPORT?_____

OTHER SOURCES OF INCOME:_____

IF EMPLOYED, NAME, ADDRESS OF COMPANY:

_____

DATE OF HIRE:_____ POSITION: _____

SUPERVISOR NAME & PHONE NUMBER:_____

APPLICANT: COMPLETE INFORMATION ON BOTH SIDES. IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED.

ADDITIONAL OCCUPANT INFORMATION

IN ADDITION TO APPLICANTS LISTED ON FRONT, LIST NAMES AND DATE OF BIRTH FOR ADDITIONAL INDIVIDUALS UNDER AGE 18 TO OCCUPY THE UNIT.

NAME_____ DOB_____

NAME_____ DOB_____

FINANCIAL INFORMATION

NAME OF BANK_____

☐ CHECKING ☐ SAVINGS

LIST ALL OUTSTANDING DEBTS

CREDITOR	TOTAL DUE	MONTHLY PAYMENT

TOTAL MONTHLY PAYMENTS $_____

APPLICANT HEREBY CERTIFIES THE INFORMATION PROVIDED IS TRUE AND COREECT AND AUTHORIZES THE LANDLORD/AGEN TO MAKE ANY AND ALL INQUIREIES NECESSARY TO INCLUDING CREDIT TO EVALUATE THIS APPLICATION. INFORMATION PROVIDED MAY BE MADE AVAILABLE TO OTHER SERVICES OR AGENCIES FOR VERIFICATION EITHER FURING THE APPLICATION PROCESS OR IF APPROVED DURING OCCUPANCY. APPLICANT UNDERSTANDS AND ACCEPTS THAT ANY INFORMATION PROVIDED THAT IS INCOMPLETE, INACCURATE OR FALSIFIED SHALL BE GROUNDS FOR DENIAL OR SUBSEQUENT TERMINATION OF TENANCY UPON DETERMINATION OF SUCH FALSIFIED INFORMATION.

AUTOMOBILES & OTHER VEHICLES

TYPE/MAKE/MODEL

_____

LICENSE #

_____

TYPE/MAKE/MODEL

_____

LICENSE #

_____

TYPE/MAKE/MODEL

_____

LICENSE #

_____

OTHER IMPORTANT INFORMATION NEEDED

	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		
DO YOU HAVE RENTERS INSURANCE?		
DO YOU HAVE A VACUUM CLEANER?		
DO YOU HAVE A BROOM?		
DO YOU HAVE CLEANING SUPPLIES?		
DO YOU HAVE FURNITURE?		
DO YOU HAVE A WATERBED?		
DO YOU USE A MUSICAL INSTRUMENT?		
DO YOU OR MEMBERS OF YOUR FAMILY SMOKE?		
DO YOU HAVE PETS OR OTHER ANIMALS?		
DO YOU HAVE FISH IN AN AQUARIUM?		

SIZE OF TANK_____

PRINT NAME_____ DATE_____

SIGNATURE OF APPLICANT_____

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AUTHORIZATION TO RELEASE INFORMATION

The person listed below has applied for a rental property managed by A-1 Property Management. Please complete the form(s) provided and return via fax or email (cindypropman@gmail.com).

NAME OF APPLICANT: _____

ADDRESS: _____

I give my permission:

1) to my current and former employers to release any information about my employment history and income history
2) to my current and former landlords to release any information about my rental history
3) to my current and former mortgage lenders on property that I owned or have owned to release any information about my mortgage payment history
4) to obtain a copy of my credit report from any consumer reporting agency
5) to obtain criminal background information along with eviction, bankruptcy, judgement and lien filings

_____ _____

Applicant's Signature Date

Thank you,

_____ _____

Printed name of person requesting information Signature of person requesting information

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED AND EXECUTED BY TENANT

TO: (Name & Address of Employer)

_____

_____

_____

RE: _____ _____

Applicant/Prospective Tenant Name — Social Security Number

I hear by authorize release of employment information:

_____ _____

Signature of Applicant/Tenant — Date

The individual named directly above is an applicant/prospective tenant of A-1 Property Management that requires verification of income. The information provided will remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Please return by Fax: (541)667-2007

OR

Email: cindypropman@gmail.com

_____

Property Manager/Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name:_____ Job Title:_____

Presently Employed: YES_____ Date First Employed_____ NO_____ Last Day of Employment_____

Current Wages/Salary: $_____ (check one)

❑ weekly ❑ semi-monthly ❑ monthly ❑ other_____

Average # of regular hours per week:_____ Average # of overtime hours per week:_____

Bonuses, tips, commissions, other: $_____

List any anticipated change in the employee's rate of pay within the next 12 months:_____

Additional remarks:_____

_____ _____ _____

Employer's Signature — Employer's Printed Name — Date

_____ _____

Employer Phone Number — Employee Fax Number