

## PART 1 Applicant Screening Policies

APARTMENT RENTA

Applicant's Initials:

APPLICA

### **APPLICATION PROCESS**

- We offer application forms to everyone who inquires about the rental property.
- We review completed applications in the order in which we receive them.
- A completed application consists of (1) signed and completed application form (2) signed employer release form when applicable, (3) signed current landlord release form when applicable.
- We require a \$40.00 applicant screening charge per applicant before starting the application process, in the form of cash or money order.
- Upon approval of an application a deposit will be required to hold an apartment.
- If we are unable to verify information on an application, the application may be denied.

### **APPLICANT SCREENING PROCESS**

### **Complete Application**

- All applicants must submit individual applications
- We will not review incomplete applications
- We will accept the first qualified applicant(s).

### Identification

• All applicants must show two pieces of identification. One must include a photograph of the applicant.

### Credit/Criminal/Public Records Check

- A credit check and/or criminal/public records check will be performed.
- Negative reports may result in a denial of application.
- Any individual who is a current illegal substance abuser, or has been convicted of a felony or the illegal manufacture or distribution of a controlled substance may be denied tenancy.

### **Occupancy Standards**

• A maximum of two persons per bedroom plus one for the unit will be the maximum number of occupants per unit.

### **Prior Rental History**

- Joint rental references required.
- Rental history of two years must be verifiable from unbiased/unrelated sources.
- Applicants must provide us with the information necessary to contact past landlords. We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history.

### **Sufficient Income/Resources**

- Net household income must be at least three times the rent (excluding utilities.)
- Income/resources must be verifiable through pay stubs, employer contact, current tax records and/or bank statements.
- Exceptions may be made for applicants with increased security deposits.

### Insurance

• Renters Insurance will be required by all renters.



## PART 2 Rental Verification

To:		
Re:		
Did	live at	
Fro	m to?	
1)	Was this person(s) on a rental agreement? $\Box$ YES	□ NO
2)	Was there anyone else on the rental agreement with him/her? $\Box$ YES	□ NO
3)	Did he/she give a written 30 day notice? □ YES	□ NO
4)	What was his/her monthly rental payment? \$	per month.
5)	Did he/she pay on time as agreed? □ YES	□ NO
6)	Did he/she have any late payments? □ YES	□ NO
7)	Did he/she have any 72 hour notices? □ YES	□ NO
8)	Did he/she have any returned checks? □ YES	□ NO
9)	Did he/she have any noise disturbances or complaints filed? $\Box$ YES	□ NO
10)	Did he/she take care of the property? □ YES	□ NO
11)	Did he/she have any unauthorized person or pets? □ YES	□ NO
12)	Was he/she evicted or asked to leave? $\Box$ YES	□ NO
13)	Would you rent to this person(s) again? □ YES	□ NO
14)	Is/Was there a balance owing? $\Box$ YES	□ NO
15)	Are you a relative?	□ NO

**APPLICANT** - FILL OUT <u>SHADED AREA ONLY!</u> - THEN RETURN TO QUAIL RIDGE APARTMENTS.

Thank you for your time and cooperation. We consider this information confidential. It will not be used by or given to anyone except our tenant screening personnel.

Management
 Quail Ridge Apartments

Applicant Signature

Date

LANDLORD - Please email this completed form to manager@quailridge.apartments





# PART 3 | Employment Verification

):	
9:	
Is employed by your company?	]YES □NO
□ Part time □ Full time	
Job title Supervisor	
Date of hire Take home pay (per month) \$	
Pay periods, Check one: 🗌 Weekly 🔲 Bi-Weekly 🔲 Monthly	
I,, hereby authorize you to release the Quail Ridge Apartments for the purpose of qualifying for housing.	his information to
Thank you for your time and cooperation. We consider this informate will not be used by or given to anyone except our tenant screening p – Management	personnel.
Quail Ridge Apartm	Date
MPLOYER - Please email this completed form to manager@quailridge.apartments	





## PART 4 Applicant Authorization To Release Credit Information



PH: (800) 228-1837 FX: (800) 604-2201 WB: www.tenantdata.com

I understand and agree that TENANT DATA SERVICES INC., (TDS), will be processing my rental application and may obtain information about me, including, but not limited to, my credit, my tenant history, check writing history, any court or eviction records and my criminal record information from any source. I hereby authorize and instruct any entity or person contacted by TDS or the Landlord or Landlord's agents to release all information telephonically, by fax, or email/ electronically. Furthermore, I also understand that it may be necessary to verify my current employment and I authorize my current employer to release any and all information that may be required to complete the reference report.

I further authorize TDS to use a photocopy of this form when it is necessary to verify more than one of my references.

APPLICANT - FILL OUT <u>SHADED AREA OI</u>	<u>NLY!</u> - THEN RETURN T		Artimetrio.
Dated this	Day of	_Year	
Applicant's LEGAL NAME:	First	Middl	e Last
Applicant's Signature:			
Applicant SSN:		_ Applicant Da	te of Birth:
Current Address:			Month / Day / Year
City:	State:	Zip:	Phone:
TDS Customer Requesting Repo Ordered by: Gordon Neumann		,	,
Ordered by: Gordon Neumann Please select the type of report you re	Ph: 503-659-617	,	nanager@quailridge.apartments
Ordered by: Gordon Neumann Please select the type of report you re he appropriate box <b>SILVER REPORT</b>	Ph: 503-659-617	,	,
Ordered by: Gordon Neumann Please select the type of report you re he appropriate box	Ph: 503-659-617 equire by checking <b>h Report</b> n Manager, Crimina	76 Em: n I Multi-	ADDITIONAL REPORT OPTIONS



# PART 5 | Rental Application

Rental Address:	Unit #
Date: / Time:	Move-in Date: / /
Photo I.D.?	# of Units Available
Applicant Name:	Phone:
First Middle	Last
	Cellular:
SSN #: Birth Date:	:// Driver's License/State ID #:
Current Address:	#
	# State: Zip:
	ing?
	Rent Amt \$ Phone:
-	State: Zip:
	/ Why are you moving?
Previous Landlord:	Rent Amt \$ Phone:
Previous Address:	
	State: Zip:
From: / To: / ,	/ Why are you moving?
Previous Landlord:	Rent Amt \$ Phone:
HAVE YOU EVER: Been Evicted? ☐ Yes ☐ No; Filed Bankruptcy? ☐ Yes ☐ No; Been convicted, o If you checked yes to any of the previous questions,	or pleaded guilty/no contest to a crime? $\Box$ Yes $\Box$ No;
Supervisor:	How Long? Phone: Home Pay (monthly): \$ □ Full-Time / □ Part- Time
	How Long?
	How Long? Phono:
	Home Pay (monthly): \$ Phone: Home Pay (monthly): \$ I Full-Time / I Part- Time

### PART 5 Rental Application PAGE 2 OF 3

Other Income (monthly): \$	_ Source	Pho	one:
Other Income (monthly): \$ Source		Pho	one:
Emergency Contact:			Phone:
Address		Relationship	
Personal Reference:			Phone:
Address		Relationship	
Personal Reference:			Phone:
Address		Relationship	
Automobile Make: License#:			Year:
Automobile Make:			Year:
License#:			
Other Vehicle/Boat Make:		Model:	Year:
License#:	State:		
Do you own: Water-Filled Furniture?	Yes □No	Fish Tank or Aquarium?	No
PETS - Type:		Size:	Weight:
Has the Pet ever injured anyone or d	amaged anythir	ng? □Yes □No	
Comments & Explanations from App	licant:		

For identification purposes only, please list names and dates of birth for all persons that will be occupying the unit.

Monthly Rent: \$		Security Deposit: \$	
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

#### NON-REFUNDABLE FEES:

- Late Charge of \$\_\_\_\_\_
- Smoke alarm, smoke detector or carbon monoxide alarm tampering fee of
- Dishonored Check Fee: \$35.00 plus any charges bank imposes on Landlord
- Early lease termination (May not exceed 1½ times the monthly rent) of \$ \_\_\_\_\_\_
- \$ \_\_\_\_\_ (\$50.00 if left blank\*) for failure to clean up pet waste, garbage, rubbish or other waste from outside of the dwelling unit (per occurrence)
- \$ \_\_\_\_\_\_ (\$50.00 if left blank\*) for improper use of vehicle within the premises (per occurrence)
- \$ \_\_\_\_\_ (\$50.00 if left blank\*) for parking violations (per occurrence)
- \$ \_\_\_\_\_\_\_ (\$50.00 if left blank\*) for smoking in a clearly designated nonsmoking unit or area of the Premises
- \$ \_\_\_\_\_ (\$50.00 if left blank\*) for keeping on the Premises an unauthorized pet capable of causing damage to persons or property, as described in ORS 90.405

**<u>\*NOTE</u>** The foregoing noncompliance fees apply to a second violation. Third or subsequent violations will result in a noncompliance fee of \$ \_\_\_\_\_ (\$50.00 if left blank) plus 5% of the rent.

# The Landlord requires tenant to obtain and maintain renter's liability insurance in the amount of \$100,000 or more.

**Screening Fee** of \$40.00 is required in cash or money order. (If paid, Applicant acknowledges receiving a copy of Landlord's application screening guidelines, and has been told the number of units available or that will be available in the near future for rent in the area and of the type sought by the Applicant and the number of applications accepted and under consideration for those units). \_\_\_\_\_\_ Applicants Initials: \_\_\_\_\_\_

#### **NOTICE:**

#### **Tenant Screening Entails the following:**

Tenant Screening Service

Credit Reporting

- Public Records SearchRental History Verification
- Employment Verification
- Personal Reference Verification

You have the right to dispute the accuracy of information provided by the tenant screening service or credit reporting agency who will be contacted for information concerning your application. Applicant agrees that an incomplete application may cause delays or result in denial of tenancy. Applicant certifies that the above information is correct and complete and by signing below applicant authorizes Landlord/Agent to obtain a tenant screening/credit report on Applicant.

Applicant

Date

