

OFFICE USE ONLY: ACCT # _____
DATE REC'D _____
TIME REC'D _____

**COMMERCIAL PROPERTY MANAGEMENT
RENTAL APPLICATION**

**IF CO-APPLICANT IS NOT A SPOUSE, A SEPARATE APPLICATION MUST BE COMPLETED. A
NON-REFUNDABLE FEE OF \$30 PER ADULT, REGARDLESS OF FAMILIAL STATUS, MUST
ACCOMPANY EACH APPLICATION**

CERTIFIED FUNDS ARE REQUIRED FOR INITIAL MOVE-IN COSTS

Please type or print clearly:

PROPERTY YOU WISH TO RENT: _____ DATE: _____ TIME: _____
HOW LONG DO YOU WISH TO RENT: _____ YOUR CURRENT PHONE NUMBER: _____

FULL NAME _____ S.S.# _____ D.O.B. _____
Drivers License Number _____ State of Issue _____

CO-APPLICANT NAME _____ S.S.# _____ D.O.B. _____
Drivers License Number _____ State of Issue _____

PLEASE LIST TENANTS UNDER 18: _____

DATES OF BIRTH: _____

NUMBER OF CARS _____ MAKE/MODEL/LICENSE _____

DO YOU HAVE A WATERBED OR AQUARIUM? YES _____ NO _____

DO YOU HAVE ANY PETS? _____ WHAT KIND/NUMBER? _____

DOES ANY APPLICANT SMOKE CIGARETTES, CIGARS, OR PIPES,? YES _____ NO _____

IF YES, PLEASE INDICATE WHICH OF THE PREVIOUS: _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRESENT LANDLORD _____ PHONE # _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW LONG THERE? _____ WHY ARE YOU MOVING? _____

FORMER ADDRESS _____ CITY _____ STATE _____ ZIP _____

FORMER LANDLORD _____ PHONE # _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW LONG THERE? _____ WHY DID YOU MOVE? _____

EMPLOYER _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DIRECT SUPERVISOR _____ VERIFIABLE TAKE HOME PAY:\$ _____

POSITION _____ HOW LONG? _____

CO-APPLICANT EMPLOYER _____ PHONE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DIRECT SUPERVISOR _____ VERIFIABLE TAKE HOME PAY \$ _____

POSITION _____ HOW LONG? _____

OTHER VERIFIABLE INCOME _____

LIST TWO PERSONAL REFERENCES (NOT RELATED OR EMPLOYER)

1. _____ PHONE _____ YEARS KNOWN: _____

2. _____ PHONE _____ YEARS KNOWN: _____

HAVE APPLICANT OR CO-APPLICANT EVER FILED BANKRUPTCY? _____
IF YES, WHAT DATE, COUNTY AND STATE IS THE BANKRUPTCY FILED? _____

HAVE YOU EVER BEEN EVICTED WITH OR WITHOUT COURT PROCEEDINGS FROM ANY RENTAL UNIT? _____
HAVE YOU EVER WILLFULLY AND/OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? _____

HAVE YOU OR ANY OTHER PERSON NAMED ON THIS APPLICATION, EVER BEEN CONVICTED OF DEALING OR
MANUFACTURING ILLEGAL DRUGS? _____
HAVE THE APPLICANT, CO-APPLICANT OR SPOUSE EVER BEEN CONVICTED OF A CRIME? _____ IF YES, WHAT IS THE
NATURE OF THE CRIME AND THE DATE OF THE CONVICTION? _____

NEAREST RELATIVE: _____
RELATIONSHIP: _____

ADDRESS _____ PHONE: _____

I OFFER THE FOREGOING INFORMATION AS INDUCEMENT TO COMMERCIAL PROPERTY MANAGEMENT TO RENT ME A RENTAL-UNIT. I DECLARE SAID FOREGOING INFORMATION TO BE TRUE AND CORRECT AND DO HEREBY AUTHORIZE COMMERCIAL PROPERTY MANAGEMENT TO CONDUCT AN EMPLOYMENT AND CREDIT CHECK AND TO VERIFY MY REFERENCES. I UNDERSTAND I WILL BE DENIED IF I HAVE MISREPRESENTED ANY INFORMATION ON THIS APPLICATION, AND IF MISREPRESENTATIONS ARE FOUND AFTER A RENTAL AGREEMENT IS SIGNED, MY TENANCY IS SUBJECT TO TERMINATION.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Commercial Property Management
718 Black Oak Drive Suite A
Medford, Or. 97504
(541) 773-6400 / FAX (541) 776-4589
www.manageprop.com



Acct # _____
 CK# _____
 Cash _____
 Rec. # _____

COMMERCIAL PROPERTY MANAGEMENT

APPLICANT SCREENING CHARGE RECEIPT

APPLICANT NAME(S): _____

APPLICANT NAME(S): _____

APPLICANT NAME(S): _____

APPLICANT NAME(S): _____

PROPERTY ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____

FEE AMOUNT: \$ 30.00 per person for each screening charge \$ 30.00

X _____

TOTAL DUE: _____

Applicant Screening Charge means any nonrefundable payment of money charged by Commercial Property Management of a prospective tenant prior to entering into a rental agreement with that applicant for a residential unit. The purpose of the fee payment is to process an application for a rental agreement with Commercial Property Management.

I/We have read, understand and have had any questions answered regarding the above information:

APPLICANT **DATE** **APPLICANT** **DATE**

APPLICANT **DATE** **APPLICANT** **DATE**

I hereby acknowledge the receipt of the applicant screening charge:

COMMERCIAL PROPERTY MANAGEMENT **DATE**

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 Medford, Oregon 97504
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