MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON (NOT FOR CITY OF PORTLAND)

RENTAL APPLICATION

TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT TO AVAILABILITY

EQUAL HOUSING OPPORTUNITY

OFFICE USE ONLY

☐ NEW MOVE-IN ☐ OCCUPANT TURNING 18 ☐ ADD/REMOVE ROOMMATE ☐ TRANSFER

PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ ADDRESS _____

DATE UNIT WANTED _____ (MM/DD/YYYY) UNIT RENT $_____ NON-REFUNDABLE SCREENING CHARGE $_____

OWNER / AGENT _____ PHONE _____

OWNER / AGENT ADDRESS _____

SMOKING POLICY: ☐ ALLOWED - ENTIRE PREMISES ☐ PROHIBITED - ENTIRE PREMISES ☐ ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

HAVE YOU APPLIED TO ANY OTHER LOCATIONS MANAGED BY OWNER/AGENT IN THE LAST 60 DAYS? ☐ YES ☐ NO

IF YES, WHERE? _____

APPLICANT FULL LEGAL NAME _____ EMAIL _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ (MM/DD/YYYY) SOC. SECURITY # _____ APPLICANT PHONE (_____)_____

PHOTO I.D. TYPE_____ #_____ / STATE_____ EXP. DATE_____ (MM/DD/YYYY)

CURRENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE YOU MOVED IN _____ (MM/DD/YYYY)

CURRENT LANDLORD NAME _____ LANDLORD PHONE (_____)_____

LANDLORD EMAIL _____ LANDLORD FAX (_____)_____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FROM _____ (MM/DD/YYYY) TO _____ (MM/DD/YYYY)

FORMER LANDLORD NAME _____ LANDLORD PHONE (_____)_____

LANDLORD EMAIL _____ LANDLORD FAX (_____)_____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ STATE _____ ZIP _____

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

CURRENT EMPLOYER _____ PHONE (_____)_____

HR EMAIL _____ HR FAX (_____)_____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ HOW LONG? _____ GROSS MONTHLY INCOME $_____

OTHER MONTHLY INCOME: SOURCE _____ $_____ / SOURCE _____ $_____

ARE YOU SELF-EMPLOYED? ☐ YES ☐ NO

☐ **PREVIOUS** ☐ **ADDITIONAL EMPLOYER** _____ PHONE (_____)_____

HR EMAIL _____ HR FAX (_____)_____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ HOW LONG? _____ IF ADDITIONAL EMPLOYER, GROSS MONTHLY INCOME $_____

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT

THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.

MAXIMUM POTENTIAL RENT $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

DEPOSITS

SECURITY DEP. MINIMUM $_____

SECURITY DEP. MAXIMUM $_____
(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

INSURANCE

☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED.

☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED IF _____

_____

MINIMUM INSURANCE AMOUNT: $_____ ($100,000 IF LEFT BLANK)

OWNER/AGENT MUST BE LISTED AS AN "INTERESTED PERSON" ON THE INSURANCE POLICY AND PROOF OF SUCH LISTING PROVIDED PRIOR TO MOVE-IN.

(NO INSURANCE WILL BE REQUIRED IF: A) THE HOUSEHOLD INCOME OF ALL OF THE TENANTS IN THE UNIT IS EQUAL TO OR LESS THAN 50 PERCENT OF THE AREA MEDIAN INCOME, ADJUSTED FOR FAMILY SIZE AS MEASURED UP TO A FIVE-PERSON FAMILY; OR B) IF THE DWELLING UNIT HAS BEEN SUBSIDIZED WITH PUBLIC FUNDS, NOT INCLUDING HOUSING CHOICE VOUCHERS.)

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

•Form M002 OR Copyright © 2025 Multifamily NW® NOT TO BE REPRODUCED WITHOUT WRITTEN PERMISSION. Revised 7/24/2025.

OTHER OCCUPANTS

NAME	DATE OF BIRTH
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY

VEHICLES

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER

OTHER

☐ IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

☐ IF CHECKED, PETS ARE ALLOWED SUBJECT TO APPROVAL BY MANAGEMENT. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

DO YOU INTEND TO USE: ☐ WATERBED ☐ AQUARIUM ☐ MUSICAL INSTRUMENT _____

DO YOU HAVE RENTER'S INSURANCE? ☐ YES ☐ NO

EMERGENCY CONTACT _____ PHONE (_____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (_____) _____

ADDRESS _____

HAVE YOU BEEN EVICTED WITHIN THE LAST 5 YEARS OR IS THERE A PENDING EVICTION CASE AGAINST YOU? ☐ YES ☐ NO

IF YES, PLEASE LIST COUNTY & STATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? ☐ YES ☐ NO IF YES, DATE _____ MM/DD/YYYY

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? ☐ YES ☐ NO IF YES, DATE _____ MM/DD/YYYY

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR RELATED TO THE CRIMINAL CONVICTION CRITERIA? ☐ YES ☐ NO IF YES, WHO _____

COUNTY & STATE _____ WHEN _____ MM/DD/YYYY WHAT _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT BEEN ARRESTED FOR A CHARGE RELATED TO THE CRIMINAL CONVICTION CRITERIA THAT HAS NOT BEEN DISMISSED? ☐ YES ☐ NO IF YES, COUNTY & STATE _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HAVE YOU GIVEN LEGAL NOTICE WHERE YOU NOW LIVE? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

SCREENING

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME _____ PHONE _____

ADDRESS _____

EMAIL _____

If the application is approved, applicant will have _____ hours from the time of notification to either, at Owner/Agent's option, execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

GOOD FAITH ESTIMATE

Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: _____ unit(s).

Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).

If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

SIGNATURE

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that Owner/Agent may refuse to process or deny this application if it is materially incomplete, fails to include information regarding my identification or income, or if I intentionally withheld or misrepresented required information. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. Applicants may provide evidence of mitigating circumstances and requests for reasonable accommodation/modification to the following location for review, consideration and response: _____ ***I have received and read the Owner/Agent's rental criteria.***

APPLICANT X _____ DATE _____ MM/DD/YYYY SUPPLEMENTAL EVIDENCE PROVIDED? ☐ YES ☐ NO

OWNER/AGENT X _____ SUPPLEMENTAL EVIDENCE RECEIVED? ☐ YES ☐ NO

☐ PHOTO I.D. VERIFIED BY _____ (INITIALS) DATE RECEIVED _____ MM/DD/YYYY TIME RECEIVED _____

OWNER/AGENT NOTES _____

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

•Form M002 OR Copyright © 2025 Multifamily NW®. NOT TO BE REPRODUCED WITHOUT WRITTEN PERMISSION. Revised 7/24/2025.