

USE SEPARATE APPLICATIONS FOR UNMARRIED APPLICANTS

Visual proof of Drivers License or State I.D. YES NO

MANAGEMENT COMPANY WT Properties Fax: (503) 487-3745	APARTMENT NAME	CONTACT PERSON Greg (503) 407-5065	COMMUNITY TELEPHONE #	COMPLEX #
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APPLICATION TO RENT

APPLICANT'S Last Name	First	Middle	Birthdate	Drivers License # and State	Soc. Sec. #
MOVE IN DATE _____ RENT \$ _____ LEASE _____ APARTMENT # _____					
SPOUSE'S Last Name					
First Middle Birthdate Drivers License # and State Soc. Sec. #					
Apartment to be occupied by		Do you have pets?	Type and size of pets (keeping of pets requires a deposit and owner's consent)	Do you have a waterbed?	Do you have waterbed insurance?
_____ Adults _____ Children (State No.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1 CURRENT RESIDENCE HISTORY

APPLICANT'S Current Address	City	State	Zip	How Long?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone	Monthly Payment
				Yrs. Mo's		()	\$
Name of Present Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other <input type="checkbox"/>							
				City	State	Zip	Landlord Day Phone ()
				State	Zip	Landlord Night Phone ()	

SECTION 2 PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address	City	State	Zip	How Long?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone	Monthly Payment
				Yrs. Mo's		()	\$
Name of Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other <input type="checkbox"/>							
				City	State	Zip	Landlord Day Phone ()
				State	Zip	Landlord Night Phone ()	
SPOUSE'S Previous Address							
City State Zip How Long? Yrs. Mo's () Phone Monthly Payment \$							
Name of Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other <input type="checkbox"/>							
				City	State	Zip	Landlord Day Phone ()
				State	Zip	Landlord Night Phone ()	

SECTION 3 EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor's Name/C.O.	How Long?
			Yrs. Mo's
Address		City State Zip	Phone
			()
		Position Held / Occupation	Monthly Income (Gross)
			\$
APPLICANT Previous Employment	Department	Supervisor's Name/C.O.	How Long?
			Yrs. Mo's
Address		City State Zip	Phone
			()
		Position	Monthly Income (Gross)
			\$
SPOUSE Employed By	Department	Supervisor's Name/C.O.	How Long?
			Yrs. Mo's
Address		City State Zip	Phone
			()
		Position	Monthly Income (Gross)
			\$

ADDITIONAL INCOME
Additional Income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.
SOURCE: Amount of \$ _____ per _____ Source _____

SECTION 4 CREDIT & LOAN REFERENCES

Auto #1 (Make & Model)	License Plate	State	Car Payment made to	Address	Monthly Payment	
					\$	
Auto #2 (Make & Model)	License Plate	State	Car Payment made to	Address	Monthly Payment	
					\$	
Other Vehicles (Boats, Vans, Motorcycles, R.V.'s, etc.) Make, Model, License Plate						
Loans, Charge Accounts & Credit Cards owed to	Account #	Address			Total Debt	Monthly Payment
					\$	\$
Other	Account #	Address			Total Debt	Monthly Payment
					\$	\$
Bank or Savings and Loan	Branch	Address			Checking Account #	

SECTION 5 ADDITIONAL INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone
						()
Name of SPOUSE'S Nearest Relative	Relationship	Address	City	State	Zip	Phone
						()
Emergency Contact	Relationship	Address	City	State	Zip	Phone
						()
Personal Reference	Relationship	Address	City	State	Zip	Phone
						()
Personal Reference	Relationship	Address	City	State	Zip	Phone
						()

Why are you vacating your present place of residence? _____
Have you given legal notice to vacate? Yes No Have you ever been evicted? Yes No
Have you ever been convicted of a crime? Yes No When and where _____

NON-REFUNDABLE SCREENING FEE EARNED ON RECEIPT \$40 per adult

I certify that the above information is complete and correct and hereby authorize you to do a credit check, obtain an investigative consumer report and make any other inquiries you feel necessary to evaluate my tenancy and credit standing. I/We understand that giving incomplete or false information is grounds for rejection of the application. If any information supplied on this is later found to be false, this is grounds for termination of tenancy.

Owner/Agent has charged a screening fee as set forth above. Applicant screening entails the checking of the applicant's credit, income, employment, rental history and other criteria for residency. You have the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. Applicant's copy of this signed application shall be the receipt for the screening fee. The name and address of the screening service is Background Investigations, Inc., P.O. Box 2228, Lake Oswego, OR 97035.

If the application is approved, applicant(s) will have _____ hours from the time of notification to either execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute a deposit receipt which will provide for the forfeiture of the deposit if applicant(s) fail to occupy the unit. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next applicant for the unit will be processed.

APPLICANT X _____ SPOUSE X _____