



**PROPERTY MANAGEMENT DIVISION**  
**3110 25<sup>th</sup> Street SE**  
**Salem, OR 97302**

**Office ~ 503.588.8500**  
**Fax ~ 503.588.8744**  
[www.rushinggroup.com](http://www.rushinggroup.com)

**Rental Application** – This application must be completed in full to assure prompt processing.

Date \_\_\_\_\_ Applicant Screening Charge\$ \_\_\_\_\_ Requested move in \_\_\_\_\_ Rent Amount\$ \_\_\_\_\_  
 Complex Name \_\_\_\_\_ Unit number desired \_\_\_\_\_

**Applicant Information (anyone 18 years or older)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ DOB / / \_\_\_\_\_  
 SSN - - Driver's License# \_\_\_\_\_ State Issued \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ DOB / / \_\_\_\_\_  
 SSN - - Driver's License# \_\_\_\_\_ State Issued \_\_\_\_\_

**Residence History**

**Current Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for moving? \_\_\_\_\_ Move in date \_\_\_\_\_ Monthly Payment\$ \_\_\_\_\_  
 Landlord \_\_\_\_\_ Complex Name \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for moving? \_\_\_\_\_ Move in date \_\_\_\_\_ Monthly Payment\$ \_\_\_\_\_  
 Landlord \_\_\_\_\_ Complex Name \_\_\_\_\_ Phone \_\_\_\_\_

**Employment History**

**Applicant Number 1**

Current Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
 Gross wages\$ \_\_\_\_\_ Pay schedule \_\_\_\_\_

Previous Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
 Other Income? \_\_\_\_\_

**Applicant Number 2**

Current Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
 Gross wages\$ \_\_\_\_\_ Pay schedule \_\_\_\_\_

Previous Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
 Other Income? \_\_\_\_\_

**Bank References**

Name of Bank/Credit Union \_\_\_\_\_ City \_\_\_\_\_ Account# \_\_\_\_\_  
 Have every filed Bankruptcy?  Yes  No If yes, please list date(s): \_\_\_\_\_  
 Checking / Savings (circle)

**Additional Information**

Has any applicant(s) on the application ever been evicted?  Yes  No If yes, please list: \_\_\_\_\_

Apartment Name/Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has any applicant on the application been convicted of any felony or misdemeanor?  Yes  No

If yes, please list: City \_\_\_\_\_ State \_\_\_\_\_ Offense(s) \_\_\_\_\_ (attached a separate sheet if necessary)

Are you or any one residing in the unit required to register as a Sex Offender?  Yes  No

Do any potential occupants to your unit have or do any of the following?

Smoke?  Yes  No Have a waterbed?  Yes  No

Have an aquarium?  Yes  No

Have pets of any kind?  Yes  No  Service Animal?

If yes, please describe: \_\_\_\_\_

**List all other occupants**

Name \_\_\_\_\_ DOB / / \_\_\_\_\_  
 Name \_\_\_\_\_ DOB / / \_\_\_\_\_

Name \_\_\_\_\_ DOB / / \_\_\_\_\_  
 Name \_\_\_\_\_ DOB / / \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Applicant acknowledges that landlord and/or agents are relying on the statements made above. Applicant represents and warrants that any and all information and statements made on this application are true and correct to the best of applicant's knowledge. Applicant acknowledges that any information found to be false, incomplete or inaccurate will result in the denial of the application and/or subsequent termination of tenancy. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. Advanced Reporting and/or landlord is hereby authorized to obtain applicant's consumer report information, including but not limited to credit and/or criminal history and verify any references in connection with the processing of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Email: \_\_\_\_\_