

# Rental Application

RentOregon.org  
1600 Oak Street  
Eugene, OR 97401  
(541) 338-3220

For Property at: \_\_\_\_\_  
Deposit: \_\_\_\_\_  
Lease Term:  
From \_\_\_\_\_ To: \_\_\_\_\_

Must complete in full. Print, fill out and **fax** to (541) 465-8169.  
There is a \$75 application fee – we will not process applications until paid.

**Attn: Admin Staff**

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**Verified**      **Date:** \_\_\_\_\_

Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Other person(s) sharing rental?  
(names & ages) \_\_\_\_\_

Will they reside here? \_\_\_\_\_ Full time? \_\_\_\_\_ Part time? (explain) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address  
(if different from residence): \_\_\_\_\_

Reason for vacating  
present home: \_\_\_\_\_

Does owner know? \_\_\_\_\_ If not, why? \_\_\_\_\_

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**Verified**      **Date:** \_\_\_\_\_

Present Address: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Apt./Mortgage Co. Name: \_\_\_\_\_

Landlord Phone # \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Apt./Mortgage Co. Name: \_\_\_\_\_

Landlord Phone # \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

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**Verified**      **Date:** \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed Since \_\_\_\_\_ Gross Mo. Salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed Since \_\_\_\_\_ Gross Mo. Salary \_\_\_\_\_

Co-Occupant's Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed Since \_\_\_\_\_ Gross Mo. Salary \_\_\_\_\_

Additional Mo. Income (If any) \_\_\_\_\_ Source \_\_\_\_\_

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Checking Account # \_\_\_\_\_ Bank Name & City \_\_\_\_\_

Savings Account # \_\_\_\_\_ Bank Name & City \_\_\_\_\_

Firm \_\_\_\_\_ City \_\_\_\_\_ Acct# \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_

Firm \_\_\_\_\_ City \_\_\_\_\_ Acct# \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_

Firm \_\_\_\_\_ City \_\_\_\_\_ Acct# \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Lic. Plate # & State \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Lic. Plate # & State \_\_\_\_\_

Have you/co-occupant ever been convicted of a felony? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_

Do you or any household member receive Section 8 rental assistance? \_\_\_\_\_

If yes- BHA, VSHA, or WHA (circle one) \_\_\_\_\_

Emergency Contact (nearest relative not living with you)

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event of serious illness or death or resident, the above emergency contact IS IS NOT authorized to enter the apartment and move all contents. (circle one)

Do you own a vacuum cleaner? Y N If so, which brand? \_\_\_\_\_

I warrant that the information supplied is true and correct, and that I am at least 18 years of age. I have been informed that the Owner/Company may check my credit to evaluate my qualifications as a potential tenant. Owner/Company is allowed to contact any credit reporting companies to report any rent delinquency or eviction proceedings to Owner/Company. Owner/Company warrants that any verifications are for the purpose of entering into a Rental agreement, and further warrants that any information derived from credit reports or other sources will be kept confidential and not revealed to any outside party. Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination or occupancy; any may constitute criminal offense under the laws of this state.

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

Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_