

#266



APPLICANT SCREENING CRITERIA DISCLOSURE

DATE: _____ APPLICANT: _____
CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAY PHONE: _____ EVENING PHONE: _____

Applicant is urged to review the screening criteria to determine if the requirements can be met. If any applicant needs assistance in the application process, please advise the landlord. Non-English speaking applicants may provide an interpreter to assist. A valid explanation for any difference from the requirements may be considered by the landlord if provided by the applicant. If necessary, provide additional information or explanations on a separate sheet of paper.
Failure to meet the screening criteria may be grounds for: (1) The denial of the application; or (2) The requirement of a co-signer who will also be required to meet the screening criteria; and/or (3) The requirement of payment of an additional deposit.
Incomplete, inaccurate, illegible or falsified information may be grounds for rejection or termination of the rental agreement upon discovery.

Signature:

1. APPLICATION PROCESS:

- Each applicant over the age of 18 shall submit a completed application that is legible, verifiable and accurate.
- Each applicant shall provide two (2) pieces of identification, one of which contains a personal picture.
- A nonrefundable applicant screening charge of \$ 35.- per credit report shall be paid at the time of application.
- The landlord utilizes a Tenant Screening Service to verify information.
- The landlord obtains credit reports to verify financial information.
- The landlord obtains reports of civil and criminal records to verify information.

If the application is denied in whole or in part on information received from a tenant screening service or a consumer credit reporting agency, the applicant shall be notified, in writing, of that fact at the time of the denial. The name and address of the reporting agency will be provided to allow the applicant to obtain a copy of the credit report and correct any incorrect information.

2. SOURCE and AMOUNT OF INCOME: Total income shall be 2 1/2 times the rent. At the time of application, it shall be the obligation of the applicant to provide proof of income by submitting copies of the following:

- If employed, copies of at least one pay stubs or an employer statement of earnings.
- If self-employed, copies of the last tax return.
- If other income, copies of assistance checks, retirement investment reports or other financial data that can prove source, amount, frequency and duration of income.

3. INCOME AND DEBTS: If the applicant has a monthly credit card or installment payments, the rent and utilities may not be more than one-third of the total monthly income. If the applicant does not have a credit card or installment payments, rent and utilities shall not be more than 50% of the total monthly income.

4. HOUSING REFERENCES: The applicant shall provide information necessary to verify rental or home ownership history for the past 3 years. Information obtained from those related by blood or marriage may require a co-signer or an additional security deposit.

5. LIMITATIONS:

- Occupancy may not exceed two people per bedroom.
- Vehicle parking is limited to 1 assigned space vehicles.
- The rental unit is a non-smoking unit.
- Pets or other animals are not permitted.

Aid animals or modifications to the unit necessary to assist those with disabilities will be allowed with a medical certificate of need.

6. ARRESTS AND CONVICTIONS: Arrests and/or convictions of civil and criminal activity may be evaluated. Any individual whose occupancy could constitute a direct threat to the health or safety of other individuals or could result in physical damage to the premises will be denied.

7. Demeanor and Behavior of applicant during the application process will be considered. The landlord may require the presence of all possible occupants for the application interview.

8. OTHER REQUIREMENTS: _____

Owner/Agent Name, Address & Phone Fola Heights LLC, Norris & Stevens Inc, Ed & Debbie Johnson
3045 Gehlar Rd. NW Salem, OR. 97304 503-365-0339



All applications must be fully completed prior to submitting.
Toda solicitud de alquiler debe ser llenada completamente antes de ser sometida.

Apt # _____
 Cosigner Add-on Roommate

Date _____ Screening Charge \$ 35.- Rent \$ _____ Lease Break Fee \$ _____ Special Discount \$ _____ from _____
Owner/Agent Eola Heights, LLC/Norris & Stevens Apt. Community Eola Heights Apartments Phone # (503) 365-0339
Address 3045 Gehlar Rd NW City Salem State OR ZIP 97304

Information provided may be made available to other services or agencies for verification either during application or, if approved, during occupancy. By completing and submitting this application, applicant does not acquire any rights in any rental unit. Should applicant be approved, the applicant has three (3) days to complete the necessary paperwork and pay required monies.

1. PERSONAL INFORMATION

Legal Name _____
Last First Middle
Date of Birth _____ Social Security # _____
Active or Reserve Military? Active Reserve Not Applicable
Driver's License # _____ State _____
Vehicle Make _____ Model _____ Year _____
License Plate # _____ State _____
Home Phone _____
Mobile Phone _____

2. INCOME DESCRIPTION

Company Name _____
Address _____
Employer's Phone _____ Position _____
Gross Income \$ _____ Frequency: Monthly Annually
Date of Hire _____
Additional Sources of Income (must be able to verify):
Source _____ Amt. \$ _____ Frequency _____
Source _____ Amt. \$ _____ Frequency _____
TOTAL MONTHLY INCOME: \$ _____

3. RESIDENCE HISTORY — CURRENT

Current Address _____
Number Street Apt. #
City State Zip
Own or Rent? _____ Monthly Payment _____
Date of Move-in _____ Approx. Move-out _____
Reason for Moving _____
Landlord or Mortgage Company _____
Address _____
Phone # (____) _____

4. RESIDENT HISTORY — PREVIOUS

Previous Address _____
Number Street Apt. #
City State Zip
Own or Rent? _____ Monthly Payment _____
Date of Move-in _____ Date of Move-out _____
Reason for Moving _____
Landlord or Mortgage Company _____
Address _____
Phone # (____) _____

5. CREDIT & FINANCIAL HISTORY

Credit is (check one)..... Combined Separate Have you ever filed bankruptcy? Yes No When? _____

6. OTHER IMPORTANT INFORMATION

List names and dates of birth for all persons to occupy the apartment:
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Do you have a pet or other animal? Yes No Type _____
Do you have a waterbed or use an aquarium? Yes No
Do you intend to use a musical instrument? Yes No
Do you have renter's insurance? Yes No
Have any of the persons named on this application:
Been evicted? Yes No
Been convicted of a felony*? Yes No
Been convicted of a misdemeanor*? Yes No
*Explain nature of conviction(s) _____

7. CERTIFICATION OF ACCURACY & APPLICANT SIGNATURE

Applicant hereby certifies that the information is true and correct, and hereby authorizes landlord/agent to make any necessary inquiries deemed necessary to evaluate the application for tenancy and credit standing. Applicant understands and accepts that any information provided that is incomplete, inaccurate, or falsified shall be grounds for denial of the application or subsequent termination of tenancy upon determination of such material misrepresentation.

APPLICANT SIGNATURE _____
Date Submitted to RSS _____
Visual proof of photo ID reviewed: Yes No
 Approved As Is Approved with Condition Denied