RENTAL APPLICATION

To be completed by each adult applicant

METRO MULTIFAMILY HOUSING ASSOCIATION

WASHINGTON
ALL UNITS SUBJECT TO AVAILABILITY
EQUAL HOUSING OPPORTUNITY

TOKOLA PROPERTIES

PROPERTY NAME / NUMBER		UNIT NUMBER / ADDRESS		
Allen Street Apartments ASA				
DATE	TIME	DATE UNIT WANTED	UNIT RENT	SCREENING CHARGE $ 40.00
OWNER / AGENT	STREET ADDRESS			PHONE
Tokola Properties	PO Box 1620, Gresham, OR 97030			(360) 578-3884

APPLICANT

NAME (APPLICANT)		EMAIL	
DATE OF BIRTH	SOC. SECURITY #	DRIVER'S LICENSE # / STATE	
PRESENT STREET ADDRESS	CITY	STATE	ZIP
FROM TO			PHONE ( )
LANDLORD NAME			PHONE ( )
LANDLORD STREET ADDRESS (OR APARTMENT NAME)	CITY	STATE	ZIP
FORMER STREET ADDRESS	CITY	STATE	ZIP
FROM TO	FORMER LANDLORD		PHONE ( )
FORMER LANDLORD STREET ADDRESS (OR APARTMENT NAME)	CITY	STATE	ZIP
OTHER STATES AND COUNTIES YOU HAVE LIVED IN THE PAST 5 YEARS			
PRESENT EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
PHONE ( )	POSITION	HOW LONG? (DATE HIRED)	
GROSS PAY $	OTHER INCOME $	SOURCE	
PREVIOUS EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
PHONE ( )	POSITION	HOW LONG?	

REFERENCES

BANK (Checking)	BRANCH	PHONE	ACCOUNT NUMBER
BANK (Savings)	BRANCH	PHONE	ACCOUNT NUMBER

HAVE YOU ESTABLISHED RETAIL CREDIT? ☐ YES ☐ NO

LIST ALL OTHER OUTSTANDING DEBTS: (Attach additional sheet if necessary)	BALANCE $	MONTHLY PAYMENT $
RELATIVE / PARENT ADDRESS		PHONE ( )
PERSONAL REFERENCE ADDRESS		PHONE ( )

HAVE YOU EVER BEEN EVICTED? ☐ YES ☐ NO DATE / /

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR? ☐ YES ☐ NO WHO WHERE WHEN

OTHER

OTHER OCCUPANTS: NAME	AGE OR DATE OF BIRTH	AUTOMOBILES	LICENSE NO.
		OTHER VEHICLES	

PETS - Subject to approval by management
Number & Type _____

DO YOU INTEND TO USE:
☐ Waterbed ☐ Aquarium
☐ Musical Instrument _____

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

APPROVAL

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? _____

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/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy.

Owner/Agent has charged a screening charge as set forth above. Landlord 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, 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. The name and address of the screening company or credit reporting agency is:

Equifax PO Box 105873, Atlanta, GA 30374, phone (800) 759-5979

If the application is approved, applicants will have 72 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 applicants 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 application for the unit will be processed.

APPLICANT X _____ DATE _____ PICTURE I.D. VERIFIED _____

MANAGER X _____ DATE _____

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

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