

Rental Application

Residential rental application | Oregon

Property address applied for
214 Maple Row, Unit 3, Springfield, OR 97477

Monthly rent	Security deposit	Date available	Application fee (per adult)
\$1,450	\$1,450	November 1, 2026	\$40

Landlord / manager: Maple Row Rentals LLC | (555) 010-4410 | leasing@example.com
Each adult (18 or older) who will live in the unit completes a separate application. Please answer every question; write N/A if it does not apply.

APPLICANT INFORMATION

Full legal name	Other names used		
Jordan A. Rivera			
Phone	Email		
(555) 010-2231	jordan.rivera@example.com		
Date of birth	SSN or ITIN	Driver's license / ID no. and state	
On file (example)	Provided to screening company	OR - on file	
Desired move-in date	Desired lease term		
November 1, 2026	12 months		

CURRENT RESIDENCE

Street address, city, state, ZIP			
88 Willow Court, Apt 12, Eugene, OR 97401			
Lived here from	To	Monthly rent	Rent or own?
06/2023	Present	\$1,280	Rent
Landlord / manager name		Landlord phone	
Willow Court Apartments		(555) 010-7781	
Reason for leaving			
Moving closer to work			

PREVIOUS RESIDENCE

Street address, city, state, ZIP			
5 Cedar Lane, Salem, OR 97301			
Lived here from	To	Monthly rent	Rent or own?
08/2020	05/2023	\$1,050	Rent
Landlord / manager name		Landlord phone	
P. Okafor		(555) 010-9032	
Reason for leaving			
Job relocation			

EMPLOYMENT AND INCOME

Current employer	Position / title
Springfield Regional Hospital	Medical lab technician

Supervisor or HR phone (555) 010-6100	Employed since 07/2023	Gross monthly income \$4,300
Employer address 1200 Gateway St, Springfield, OR 97477		

OTHER INCOME

List any lawful income you want considered, e.g. benefits, support, a housing voucher, or self-employment.

Source	Monthly amount
None	\$

OCCUPANTS

Every adult (18+) who will live in the unit completes their own application.

Total number of occupants	Names of other adult occupants
2	Sam Rivera (submitting own application)

PETS AND ANIMALS

Assistance animals (service and support animals) are not pets. Requests for them are handled as reasonable accommodations, not on this form.

Do you have pets? ☒ Yes ☐ No

Type, breed, weight, number

1 cat, domestic shorthair, 9 lb

VEHICLES

Make, model, color, plate (each vehicle)

2019 Honda Civic, blue, OR plate 123 ABC

RENTAL HISTORY QUESTIONS

Have you been evicted (court judgment) in the past 7 years? ☐ Yes ☒ No

Have you broken a lease or owe money to a landlord? ☐ Yes ☒ No

Does anyone in the household smoke or vape? ☐ Yes ☒ No

If yes to any, explain (optional)

REFERENCES

Personal or professional references, not relatives.

Reference 1 name Dana Kim	Phone (555) 010-3345	Relationship Former supervisor
Reference 2 name Luis Ortega	Phone (555) 010-8812	Relationship Friend, 6 years

EMERGENCY CONTACT

Name Maria Rivera	Phone (555) 010-5520	Relationship Parent
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SCREENING CRITERIA

Gross monthly household income of at least 2.5 times the rent; verifiable rental history for the past 2 years; no money owed to a prior landlord. Applications are reviewed in the order received.

FEES, SCREENING AND FAIR HOUSING

Application fee: \$40 per adult. It pays for the cost of screening and is not rent or a deposit.

Oregon (ORS 90.295): the screening charge covers our actual screening cost, is charged once per 60 days, and is refunded if we fill the unit before screening you. Our written screening criteria are attached.

We do not discriminate on the basis of race, color, religion, sex, disability, familial status, national origin, or any other class protected by federal, state or local law.

Applicants with a disability may request a reasonable accommodation at any point in the application process.

CERTIFICATION AND AUTHORIZATION

I certify that the information in this application is true and complete. I authorize the landlord or their agent to verify it, including contacting my current and previous landlords, employers and references, and to obtain a consumer credit report and tenant screening report about me. I understand that false or incomplete information may be grounds for denial.

Applicant signature

Date

Printed name: _____