



Pinion Property Management, Inc.

1605 NW Monroe Ave./ P.O. Box 1954

Corvallis, OR 97330-1954

Phone: (541) 754-1213/ Fax: (541) 753-4704

RENTAL APPLICATION

Desired Unit Address: _____

APPLICANT INFORMATION:

Name: (First) _____ (Full Middle) _____ (Last) _____

Date of Birth: _____ Soc. Sec. #: _____ Driver's License #: _____ STATE _____

Home telephone #: _____ Work/Other telephone #: _____

Will anyone else occupy this unit with you? _____ Names: _____

VEHICLE/ OTHER INFORMATION:

Make: _____ Model: _____ Year: _____ Color: _____ License plate: _____ ST: _____

Make: _____ Model: _____ Year: _____ Color: _____ License plate: _____ ST: _____

Do you own pets? _____ How many? _____ What type? _____

Have you been or are you being evicted? _____ Why? _____

Have you been arrested and/or convicted of a felony? _____ Reason: _____

Have you applied with us before? _____ When? _____ With who?: _____

RENTAL INFORMATION:

Current Landlord: _____ Landlord telephone #: _____

Your current address: _____ Amount of rent: _____

Move-in date: _____ Move-out date: _____

Reason for leaving: _____ Is landlord a friend or relative? _____

Previous Landlord: _____ Landlord telephone #: _____

Your current address: _____ Amount of rent: _____

Move-in date: _____ Move-out date: _____

Reason for leaving: _____ Is landlord a friend or relative? _____

Previous Landlord: _____ Landlord telephone #: _____

Your current address: _____ Amount of rent: _____

Move-in date: _____ Move-out date: _____

Reason for leaving: _____ Is landlord a friend or relative? _____

EMPLOYMENT/INCOME INFORMATION:

Current Employer: _____ Employer Phone #: _____

Employer Address: _____ Supervisor: _____

Your Job Title: _____ Do you work Part-time or Full-time? _____

Date of Hire: _____ Approximate Gross Monthly Income: _____

Other source of income: _____ Amount: _____

Other source of income: _____ Amount: _____

OFFICE USE ONLY

Landlord: _____

Pd. OT: _____

Complains: _____

Notice: _____

Damages: _____

Re-rent: _____

Landlord: _____

Pd. OT: _____

Complains: _____

Notice: _____

Damages: _____

Re-rent: _____

Landlord: _____

Pd. OT: _____

Complains: _____

Notice: _____

Damages: _____

PT/FT _____ Perm/Temp _____

DOH _____

GMI _____

Public Rec _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone #: _____

Applicant hereby certifies that he/she has received and read the attached Rental Criteria sheet. Applicant also certifies that the information provided is true and correct and authorizes Pinion Property Management, Inc. to make any and all inquiries necessary to evaluate this application. Information provided may be made available to other services or agencies for verification either during the application process or, if approved, during occupancy. Applicant understands and accepts that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial or subsequent termination of tenancy upon determination of such falsified information.

APPLICANT SIGNATURE: _____ **DATE:** _____

THANK YOU FOR APPLYING WITH PINION PROPERTY MANAGEMENT, INC!