



**PINION
PROPERTY
MANAGEMENT, INC.**

**1605 NW Monroe Ave., Corvallis OR 97330, Mailing Address: PO Box 1954, Corvallis OR 97339
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RENTAL APPLICATION

DATE: _____ **UNIT ADDRESS:** _____

APPLICANT INFORMATION

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

DATE OF BIRTH: _____ **SOC SEC #:** _____ **DRIVER'S LIC. #:** _____ **STATE:** _____

PHONE # _____ **OTHER PHONE #:** _____

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

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

Have you ever been evicted? _____ **Why?** _____

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

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

VEHICLE INFORMATION

Make: _____ **Model:** _____ **Color:** _____ **Year:** _____ **License Plate:** _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____ **Year:** _____ **License Plate:** _____ **State:** _____

RENTAL HISTORY INFORMATION

Current Landlord: _____ **Phone #:** _____

Current Address: _____ **Amount of rent:** _____

Move-in date: _____ **Move-out date:** _____ **Is landlord a friend or relative?** _____

Reason for leaving: _____

Previous Landlord: _____ **Phone #:** _____

Previous Address: _____ **Amount of rent:** _____

Move-in date: _____ **Move-out date:** _____ **Is landlord a friend or relative?** _____

Reason for leaving: _____

Previous Landlord: _____ **Phone #:** _____

Previous Address: _____ **Amount of rent:** _____

Move-in date: _____ **Move-out date:** _____ **Is landlord a friend or relative?** _____

Reason for leaving: _____

EMPLOYMENT/INCOME INFORMATION

Current Employer: _____ **Phone #:** _____

Employer Address: _____ **Supervisor:** _____

Your Job Title: _____ **Full or Part Time?** _____

Date of Hire: _____ **Approximate Gross Monthly Income:** _____

Other source of income: _____ **Amount:** _____

Other source of income: _____ **Amount:** _____

OFFICE USE ONLY

Landlord: _____

Pd OT: _____ **Notice:** _____

Complaints/Damage: _____

Re-rent: _____

Landlord: _____

Pd OT: _____ **Notice:** _____

Complaints/Damage: _____

Re-rent: _____

Landlord: _____

Pd OT: _____ **Notice:** _____

Complaints/Damage: _____

Re-rent: _____

PT / FT **PERM / TEMP**

DOH: _____

GMI: _____

Public Record: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ **Relationship:** _____ **Phone #:** _____

Applicant hereby certifies that he/she has received and read the Rental Criteria form. Applicant also certifies that the information provided is true and correct. Applicant 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 (REQUIRED): _____ **DATE:** _____

THANK YOU FOR APPLYING WITH PINION PROPERTY MANAGEMENT, INC.