

DATE SUBMITTED _____ TIME SUBMITTED _____ APPLICANT CODE _____

Quality Property Management Company

317 Howard Street, Medford, Oregon 97504

◆ (541) 776-7674 ◆ Fax (541) 776-3246 ◆

E-Mail Address: info@qpmcompany.com

APPLICATION TO RENT

1ST Choice: _____ Monthly Rent: \$ _____

2ND Choice: _____ Monthly Rent: \$ _____

Desired Move in date: _____ Prefer Lease or M2M? _____

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DRIVER'S LICENSE NO	HOME PHONE NUMBER	MOBILE PHONE NUMBER	
SPOUSE FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DRIVER'S LICENSE NO	YEARS MARRIED	TELEPHONE NUMBER	
HAVE YOU EVER BEEN EVICTED?	BEEN SUED BY A LANDLORD?	HAVE YOU FILED BANKRUPTCY? YEAR DISMISSED AND EXPLANATION:		
BEEN CONVICTED OF A FELONY OR VIOLENT CRIME OR SEX CRIME?	DO ANY APPLICANTS SMOKE?	DO YOU HAVE AN OMM CARD?		

RENTAL HISTORY

CURRENT ADDRESS			CITY	STATE	ZIP
RENT AMOUNT	RENTING SINCE	REASON FOR MOVE	LANDLORD NAME	LANDLORD PHONE NUMBER	
PREVIOUS ADDRESS			CITY	STATE	ZIP
RENT AMOUNT	RENTED FROM	RENTED TO	LANDLORD NAME	LANDLORD PHONE NUMBER	
PREVIOUS ADDRESS			CITY	STATE	ZIP
RENT AMOUNT	RENTED FROM	RENTED TO	LANDLORD NAME	LANDLORD PHONE NUMBER	

EMPLOYMENT HISTORY

APPLICANT'S EMPLOYER		EMPLOYER PHONE NUMBER			
CURRENT POSITION	NAME OF SUPERVISOR	TIME ON THE JOB	MONTHLY TAKE HOME PAY		
APPLICANT'S PREVIOUS EMPLOYER & PHONE NUMBER		POSITION	TIME ON THE JOB	MONTHLY SALARY	
SPOUSE'S EMPLOYER		EMPLOYER PHONE NUMBER			
CURRENT POSITION	NAME OF SUPERVISOR	TIME ON THE JOB	MONTHLY TAKE HOME PAY		
SPOUSE'S PREVIOUS EMPLOYER & PHONE NUMBER		POSITION	TIME ON THE JOB	MONTHLY SALARY	

ADDITIONAL INCOME

OTHER INCOME (ex: section 8 voucher, child/spousal support, food stamps, etc)	MONTHLY AMOUNT
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FINANCIAL INFORMATION

BANK REFERENCE (CHECKING)	BRANCH	BANK REFERENCE (SAVINGS)	BRANCH
FINANCIAL OBLIGATION	MONTHLY AMOUNT	FINANCIAL OBLIGATION	MONTHLY AMOUNT
FINANCIAL OBLIGATION	MONTHLY AMOUNT	FINANCIAL OBLIGATION	MONTHLY AMOUNT

PERSONAL REFERENCES

NEXT OF KIN (IN CASE OF EMERGENCY)	RELATIONSHIP	PHONE NUMBER
1.) PERSONAL REFERENCE	RELATIONSHIP	PHONE NUMBER
2.) PERSONAL REFERENCE	RELATIONSHIP	PHONE NUMBER

PERSONAL PROPERTY

1.) VEHICLE: MAKE	MODEL	YEAR	LICENSE #	STATE REGISTERED
2.) VEHICLE: MAKE	MODEL	YEAR	LICENSE #	STATE REGISTERED
3.) OTHER VEHICLE: MAKE	MODEL	YEAR	LICENSE #	STATE REGISTERED
DO YOU OWN A PIANO / ORGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OWN WATER-FILLED FURNITURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OWN AN AQUARIUM? <input type="checkbox"/> YES <input type="checkbox"/> NO		

MEMBERS OF THE HOUSEHOLD

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH			
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH			
PET: TYPE	BREED	MALE OR FEMALE	COLOR(S)	AGE	WEIGHT	FIXED?
PET: TYPE	BREED	MALE OR FEMALE	COLOR(S)	AGE	WEIGHT	FIXED?

APPLICANT SCREENING CHARGE DISCLOSURE(S):

- 1) Owner/Agent may obtain a tenant screening or credit report which generally consists of:
 - a) Credit history including credit standing
 - b) Public records, including but not limited to judgments, liens, evictions and status of collection accounts;
 - c) Authorization of employer to release employment and income verification.
- 2) Owner/Agent is charging an Applicant Screening Charge of **\$49.00** per adult, none of which is refundable. Application is valid for up to two weeks from date of receipt by Owner/Agent.
- 3) Upon receipt of the rental application and screening charge, Owner/Agent may conduct a search of public records to determine whether the applicant or proposed tenant has been convicted of any crime within the previous 10 years. A conviction or convictions for a felony or any misdemeanor which involves theft, dishonesty, assault, intimidation, drug-related or weapons charges may be grounds for the denial of the rental application.

I understand I have the right to dispute the accuracy of any information provided to the Owner/Agent by a screening service or credit reporting agency. I am aware that an incomplete application may cause delays or result in denial of tenancy. I certify I have read the screening guidelines and the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and good standing (including, but not limited to credit checks).

APPLICANT

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