

APPLICATION FOR RENTAL

Performance Properties, Inc.

Physical Address: 1584 Holly St. West Linn, OR 97068

Mailing Address: P.O. Box 574, West Linn, OR 97068

PHONE: 503-635-0099 / FAX: 503-635-0964

Property Address: _____ Desired Move In Date: _____

Information provided may be made available to other services or agencies for verification either during application or if approved, during occupancy. By completing and submitting this application, applicant(s) does not acquire any rights in any rental unit. Should applicant be approved, the applicant(s) is required within one (1) business day to pay the non-refundable reservation fee equal to or greater than 1/2 of the monthly rental amount to hold the property for no more than two (2) weeks. As of this date The Management Company will decline all other applications and remove the property from advertising. All Properties Are Non-Smoking.

1. PERSONAL INFORMATION-Print Please

Legal Name: _____ Driver's License # _____ State Issued _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Other Names (ie maiden name, other last names) _____

Phone Number: _____ Work Number: _____ Fax Number: _____

2. RESIDENCE HISTORY – Please Print

Present Address: _____

City _____ State _____ Zip Code _____

Own or Rent? _____ Monthly Payment: \$ _____ Date of Move-In: _____ Move-Out: _____

Name of Landlord or Mortgage Company: _____

Phone Number: _____ Fax Number: _____ Have you given your 30 day notice? Y/N

3. PREVIOUS RESIDENCE HISTORY – Please Print

Previous Address: _____

City _____ State _____ Zip Code _____

Own or Rent? _____ Monthly Payment: \$ _____ Date of Move-In: _____ Move-Out: _____

Name of Landlord or Mortgage Company: _____

Phone Number: _____ Fax Number: _____

4. INCOME DESCRIPTION – Please Print

Employer Name: _____ Telephone Number: _____

Position: _____ Gross Monthly Wages: \$ _____ Employment Date of Hire: _____

Contact Name: _____ Phone Number: _____

Other Source of Income: _____ Phone Number: _____

5. OTHER INFORMATION – Please Print

Bank Name: _____ Checking Account # _____ Savings Account # _____

Do you have pets or other animals? Yes No Type _____ Breed _____ Age _____ Weight _____

DO NOT JUST PUT MIXED BREED Type _____ Breed _____ Age _____ Weight _____

DO YOU HAVE AN : EVICTION OR FORECLOSURE? Yes No **Are you a participant in the Medical Marijuana Program?** YES NO

Convicted of a Felony or Misdemeanor? Yes No **What** _____ **When** _____ **Where** _____ **Filed Bankruptcy?** Y N

Why are you vacating Present Place of Residence? _____

List Names & Dates of Birth for all Persons to Occupy the Unit:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

6. APPLICANT CERTIFICATION OF ACCURACY/SIGNATURES

The property managers stated above are hereby authorized to communicate with the prospective landlord or property manager for the purpose of discussing any and all of the facts and circumstances of the applicant's current or former tenancy. There are no limitations or restrictions regarding what may be discussed or revealed to the prospective property manager. The applicant hereby holds the above named parties and Performance Properties free and harmless of any liability for providing written or verbal information and/or discussing the quality of the applicant's tenancy with the prospective landlord or property manager. The applicant represents that statements made above are true and correct and hereby-authorized verification of references, statements, and employment history made herein including but not limited to the obtaining of a credit/criminal report and agrees to furnish additional credit references on request.

Applicant Signature: _____ Date: _____