



Premium Property Management, Inc.
1190 Fairview Ave. SE Salem, OR 97302
Ph: 503-585-2266 - Fax: 503-585-1695
www.premiumpm.com

Applicant Screening Criteria

Applicant(s) are urged to review the screening criteria to determine if the requirements can be met. If any applicant needs assistance in the application process, please advise the landlord. Non-English speaking applicants may provide an interpreter to assist. A valid explanation for any difference from the requirements may be considered by the landlord if provided by the applicant(s). If necessary, provide additional information or explanations on a separate sheet of paper.

Failure to meet the screening criteria may be grounds for: (1) The denial of the application, or (2) The requirements of a co-signer who will be able to meet the screening criteria, and/or (3) The requirements of payment of an additional deposit.

Incomplete, inaccurate, illegible or falsified information may be grounds for rejection or termination of the rental agreement upon discovery.

1. APPLICATION PROCESS:

- Each applicant over 18 shall submit a completed application that is legible, verifiable and accurate.
- Each applicant(s) shall provide two pieces of identification, one of which contains a personal picture.
- An applicant screening charge of \$25.00 per person (18 and over) shall be paid at the time of application.

This Charge is:

- Nonrefundable if application is processed; or
- Refundable if a prior application is accepted.

Disclosure:

- The landlord utilizes a Tenant Screening Service to verify information.
- The landlord obtains credit reports to verify financial information.
- The landlord obtains reports of civil and criminal records to verify information.

If the applicant is denied in whole or in part on information received from a tenant screening service or a consumer credit reporting agency, the applicant(s) shall be notified. The name and address of the agency will be provided to allow the applicant(s) to obtain a copy of the reports and correct any incorrect information.

2. SOURCE and AMOUNT OF INCOME: Total income shall be three (3) times the rent. At the time of application, it shall be the obligation of the applicant to provide proof of income by submitting copies of the following:

- If employed, copies of at least two pay stubs or an employer statement of earnings.
- If self-employed, copies of the last tax return.
- If other income, copies of assistance checks, retirement investment reports or other financial data that can prove source, amount, frequency and duration of income.

3. INCOME AND DEBTS: If the applicant(s) have monthly credit card or installment payments, the rent and utilities may not be more than one-third of the total monthly income. If the applicant does not have credit card or installment payments, rent and utilities shall not be more than 50% of the total monthly income.

4. HOUSING REFERENCES: The applicant(s) shall provide information necessary to verify rental or home ownership history for the past 5 years. Information obtained from those related by blood or marriage may require a co-signer or an additional security deposit.

5. LIMITATIONS:

- Occupancy may not exceed two persons per bedroom.
- The rental unit is a non-smoking unit.
- Vehicle parking is limited to two (2) vehicles.
- Pets or other animals are not permitted, unless otherwise stated

Aid animals or modifications to the unit necessary to assist those with disabilities will be allowed with a medical certificate of need.

6. ARRESTS AND CONVICTIONS: Arrests and/or convictions of civil and criminal activity will be evaluated. Any individual whose occupancy could constitute a direct threat to the health or safety of other individuals or could result in physical damage to the premises will be denied.

7. Demeanor and Behavior of the applicants during the application process will be considered. The landlord may require the presence of all possible occupants (and pet(s) if applicable) for the application interview.



PROPERTY MANAGEMENT, INC.

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Pk. 1 (Credit/Criminal) Pk. 2 (Credit/Criminal/Employment) Pk. 3 (Credit/Criminal/ Rental History) Pk. 4 (Full Report)

Rental Application - This application must be completed in full to assure prompt processing.

Date Applicant Screening Charge \$ Mgmt. Co.
Complex Name Available unit # Requested move in date Rent Amount \$

Applicant Information - A SEPARATE APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT.

Applicant Applying with Co-Signer for
Name Last First Middle
List any other names you have used Phone #
Date of Birth Soc. Sec. # Driver's License # State of Issue Vehicle Year Make/Model Color Lic.#

Residence History

Current Address City State Zip
Reason for moving? Own Rent Move in date Monthly Payment
Landlord/Management Co. Complex name Phone #
Previous Address City State Zip
Reason for moving? Own Rent Move in date Move out date Monthly Payment
Landlord/Management Co. Complex name Phone #

Employment History

Current Employer Previous Employer
Address City State Zip Address City State Zip
Start End Phone # Start End Phone #
Position Supervisor Position Supervisor
Monthly wage/Hourly rate #Hrs. per week Pay schedule Monthly wage/Hourly rate #Hrs. per week Pay schedule

Bank References

Name of Bank, Savings & Loan, or Credit Union Address Account # Checking Savings
Have you ever filed for Bankruptcy? Yes No If yes, please list date(s):

Additional Information

Has the applicant on this application been evicted? Yes No If yes, please list:
Apartment Name City State
Has the applicant on this application been convicted of any felony or misdemeanor? Yes No If yes, list City, State, and Offense(s). Attach separate sheet if necessary:
Offense City State
Are you or anyone who will be residing in the unit be required to register as a Sex Offender? Yes No
Do you smoke? Yes No Do you have waterbed? Yes No Do you have an aquarium? Yes No Do you have a musical instrument? Yes No
Do you have pets of any kind? Yes No If yes, please describe - Type, Name, color, & age
Do you have Renter's Insurance? Yes No I would like to receive information on Renter's Insurance - Phone# ()

List names, DOB, & SSN of all other occupants

Name DOB SSN Name DOB SSN
Name DOB SSN Name DOB SSN
Emergency Contact Relationship City State Phone ()

Applicant acknowledges that landlord and/or agents are relying on the statements made above. Applicant represents and warrants that any and all information and statements made on this application are true and correct to the best of applicant's knowledge.

Applicant Signature Date

Application Reviewed by: Applicant I.D. Verified by: