

Fuiten Properties

RENTAL APPLICATION



Fuiten Family Partnership Limited Partnership
P.O. Box 131 • Forest Grove, OR 97116 • Steven Fuiten • Telephone 357-9845 • Fax (503) 895-4983

Manager@fuiten.com

BestOregonRentals.com

Property Information

Property Address: _____ Move-in Date: _____
Monthly Rent \$ _____ Amount of Deposits \$ _____ Amount of Fees _____
of Units Available: _____ Applicant #: _____ Date: _____ Time: _____ a.m. p.m.
Examined picture identification? Yes No Type of identification? _____

PERSONAL INFORMATION

Full Name: _____ Telephone _____
Smoker? Yes No

S.S. #: _____ Birth Date: _____ Driver's License, State and #: _____
U.S. Citizen Yes No Email Address: _____

Spouse Name: _____ Telephone _____
Smoker? Yes No

S.S. #: _____ Birth Date: _____ Driver's License, State and #: _____
U.S. Citizen Yes No

RENTAL HISTORY

1 Current Address: _____ City: _____ State: _____ Zip: _____
Since: _____ Why are you moving? _____
Current Landlord: _____ Rent Amount \$ _____ Telephone: _____

2 Previous Address: _____ City: _____ State: _____ Zip: _____
Since: _____ Why did you move? _____
Previous Landlord: _____ Telephone: _____

3 Previous Address: _____ City: _____ State: _____ Zip: _____
Since: _____ Why did you move? _____
Previous Landlord: _____ Telephone: _____

4 Previous Address: _____ City: _____ State: _____ Zip: _____
Since: _____ Why did you move? _____
Previous Landlord: _____ Telephone: _____

Have you ever been Evicted? Yes No Been sued by Landlord? Yes No Filed Bankruptcy? Yes No
Been convicted, pleaded guilty, or no contest to a crime? Yes No If yes to any of these, please explain: _____

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INCOME AND EMPLOYMENT

Applicant's Employer: _____ How Long _____
Supervisor's name: _____ Phone _____
Your job title: _____ Take home pay (per month) _____ Full time Part Time

Previous Employer: _____ How Long _____
Supervisor's name: _____ Phone _____
Your job title: _____ Take home pay (per month) _____ Full time Part Time

Spouse's Employer: _____ How Long _____
Supervisor's name: _____ Phone _____
Your job title: _____ Take home pay (per month) _____ Full time Part Time

Previous Employer: _____ How Long _____
Supervisor's name: _____ Phone _____
Your job title: _____ Take home pay (per month) _____ Full time Part Time

Other income (per month) \$ _____ Source _____ Phone _____
Other income (per month) \$ _____ Source _____ Phone _____

DEBT INFORMATION

♦ Name _____ Type _____ Amount Owed: _____
♦ Name _____ Type _____ Amount Owed: _____
♦ Name _____ Type _____ Amount Owed: _____

PERSONAL REFERENCES

♦ Next of kin: _____ Phone _____
Name Address Relationship

Address: _____

♦ Emergency Contact: _____ Phone _____

♦ Other _____ Phone _____

PERSONAL PROPERTY

♦ Auto: Make _____ Model _____ Year _____ License# _____ State _____
♦ Auto: Make _____ Model _____ Year _____ License# _____ State _____
♦ Other/Boats: _____ Model _____ Year _____ License# _____ State _____

Do you own: Piano/Organ? Yes No | Water filled furniture? Yes No | Fish tank or Aquarium? Yes No

Pet #1 Type: _____ Size _____ Weight _____ Has pet ever injured anyone or damaged anything <input type="checkbox"/> Yes <input type="checkbox"/> No	Pet #2 Type: _____ Size _____ Weight _____ Has pet ever injured anyone or damaged anything <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS AND EXPLANATIONS

MEMEBERS OF YOUR HOUSHOLD

For purposes of identification, please list the names and either the age or date of birth of other persons to occupy the unit:

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CONSENT FORM – DISCLOSURE OF INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I hereby give consent for an investigative consumer report to be done on me for tenant purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former landlord, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, employer or insurance company contacted by Fuiten Family Partnership, LP to furnish any and all information required. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and workers' compensation in accordance with the American with Disabilities Act. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time.

- 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) Information verification,
 - d) Current obligations and credit ratings; and
 - e) Criminal records.

- 2) Owner/Agent is requiring payment of an Applicant Screening Charge of \$35 none of which is refundable unless the Owner/Agent does not screen the applicant. Application valid for up to two weeks from date of receipt by Owner/Agent.

According to the Fair Credit Reporting Act (Law 91-508) SS 606:

A person may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumers that an investigative consumer report including information as to his character, general reputation, personal characteristics and mode of living and employment history, whichever are applicable, may be made. This authorization, in original or copy form, shall be valid for this and any further reports or updates that may be requested.

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 the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing (including, but not limited to credit checks). If Owner/Agent is requiring payment of an applicant screening charge, applicant acknowledges receiving a copy of or reading Owner/Agent's Screening Guidelines.

Applicant

Date

Spouse

Date