



SHELTER MANAGEMENT INC

(503) 585-6176 FAX (503) 370-8015
P.O. Box 13427, SALEM, OR 97309-1427
www.smiproperty.com

RENTAL APPLICATION



DATE RECEIVED TIME RECEIVED

VISUAL PROOF OF I.D. REVIEWED? YES NO (CIRCLE)

PROPERTY ADDRESS WANTED DATE WANTED YOUR PHONE #

APPLICANTS NAME SOC SEC # BIRTH DATE

DRIVERS LICENSE # STATE VEHICLE MAKE MODEL LICENSE

PRESENT ADDRESS TIME LIVED THERE

LANDLORD ADDRESS PHONE #

FORMER ADDRESS TIME LIVED THERE

LANDLORD ADDRESS PHONE #

HAVE YOU EVER BEEN EVICTED? YES NO (CIRCLE) HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (CIRCLE)

EVER FILED BANKRUPTCY YES NO (CIRCLE)

EMPLOYMENT TIME ON JOB PHONE #

CONTACT PERSON MONTHLY PAY (GROSS, NET)

FORMER EMPLOYER TIME ON JOB PHONE #

CO-APPLICANTS NAME SOC SEC # BIRTH DATE

DRIVERS LICENSE # STATE VEHICLE MAKE MODEL LICENSE

PRESENT ADDRESS TIME LIVED THERE

LANDLORD ADDRESS PHONE #

FORMER ADDRESS TIME LIVED THERE

LANDLORD ADDRESS PHONE #

EMPLOYMENT TIME ON JOB PHONE #

CONTACT PERSON MONTHLY PAY (GROSS, NET)

FORMER EMPLOYER TIME ON JOB PHONE #

HAVE YOU EVER BEEN EVICTED? YES NO (CIRCLE) HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (CIRCLE)

COMBINED CREDIT YES NO (CIRCLE) EVER FILED BANKRUPTCY YES NO (CIRCLE)

BANK REFERENCES BRANCH

CHECKING SAVINGS

LIST ALL OUTSTANDING DEBITS AND/OR CREDIT REFERENCES.

NAME TOTAL DEBT MONTHLY PMT

NAME TOTAL DEBT MONTHLY PMT

NAME TOTAL DEBT MONTHLY PMT

NAME TOTAL DEBT MONTHLY PMT

LIST ALL PERSONS THAT WILL BE OCCUPYING THE UNIT YOU ARE APPLYING FOR.

NAME AGE NAME AGE

NAME AGE NAME AGE

NAME AGE NAME AGE

NAME AGE NAME AGE

LIST ANY PETS WATERBEDS AQUARIUM PIANO/ORGAN

REASON FOR LEAVING CURRENT RESIDENCE

LEAD WARNING STATEMENT AND ACKNOWLEDGEMENT

Housing built prior to 1978 may contain lead-based paint. Lead from paint, paint chips, and dust pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTOOD THIS WARNING.

I certify that I have read and received a copy of the Tenant Screening and Selection Process on the reverse side of this rental application, and I certify that the information contained in this Rental Application is true and correct, and I hereby authorize Shelter Management, Inc., to contact all references and creditors listed on this rental application and to obtain rental credit and criminal history reports to evaluate my application to rent from Shelter Management, Inc. Applicant(s) acknowledge that if any of the information provided is incomplete or inaccurate or falsified, it shall be grounds for denial of the application or subsequent termination of any tenancy which applicant(s) may obtain from Shelter Management, Inc. Applicant(s) further acknowledges that the \$35 screening charge is non-refundable unless the application is not processed as provided by law.

APPLICANT

CO-APPLICANT

## TENANT SCREENING AND SELECTION PROCESS

### OCCUPANCY POLICY

Shelter Management, Inc. limits occupancy based upon the number of bedrooms in a unit. Our standard is two people per bedroom. A bedroom is defined as a space within the premises that is intended to be used primarily for sleeping, with at least one (1) window and a closet space for clothing.

**TENANT SCREENING & SELECTION.** Applicant(s) must reasonably satisfy the following criteria:

1. Applicant's net income shall be a minimum of three times the discounted rent. Income may be verified through tax returns, W-2 Income and Wage Statements and Forms 1099 and 1098.
2. Applicant(s) must have been working for their current employer for a minimum of six months. Employment verification will be made by direct contact with the employer in writing or by telephone.
3. Applicant(s) shall provide two years of verifiable rental history on the application, with phone numbers and addresses of prior landlords. Rental history may be verified by direct written or verbal contact with prior landlords.
4. Applicant(s) must have satisfactory credit history. Payment history and outstanding balance information may be obtained from the credit references provided in the Rental Application. Eviction history and forcible entry and detainer actions, unpaid collections or judgment information may be obtained from credit reporting agencies and other sources.
5. The primary applicant must be 18 years or older. All occupants age 18 years and older must submit an application to reside in the desired premises. Landlord will require that applicant(s) provide landlord with picture identification and may require a Social Security Card, copies of which may be made by landlord and kept in landlord's file.

### **FAILURE TO MEET ANY OF THE ABOVE CRITERIA SHALL RESULT IN DENIAL OF APPLICATION.**

If applicant(s) is denied due to the failure to satisfy any of the above criteria, then applicant(s) may request waiver of any one of the criteria upon providing landlord with:

1. A Rental Application completed by a proposed co-signer, together with a \$35 nonrefundable screening charge for processing the application of such co-signer;  
OR
2. An additional security deposit equal to 100 percent of the stated rent for the unit which applicant(s) proposes to rent.

It is grounds for denial of application or termination of tenancy if:

1. Applicant(s) has provided incomplete, inaccurate or falsified information to landlord in this Rental Application.
2. Applicant(s) is an illegal drug abuser or addicted to a controlled substance or has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance.
3. Applicant's tenancy would constitute a direct threat to the health or safety of the individual, or would result in substantial physical damage to the property of others.
4. Applicant has a forcible entry and detainer action on their credit history. (See below Denial Policy Based on Credit if it is in error.)

### **APPLICATION PROCESS**

1. Complete the application on reverse side of this form.
2. Pay the \$35 non-refundable screening charge. (This charge will be refunded if the application is not processed.) If the application is processed the charge will not be refunded.
3. Be prepared to wait three (3) business days for the application screening and verification process to be completed.
4. Once approval of your application is complete, immediate execution of the Rental Agreement is expected.

### **DENIAL POLICY BASED ON CREDIT**

If your application is denied due to unfavorable information received on the credit check, you may:

1. Contact Equifax Credit Information Services, P.O. Box 740241, Atlanta, GA, 30374-0241, telephone 1-800-685-1111, and they will inform you who gave the unfavorable credit ratings.
2. Correct any incorrect information through Equifax per their policy.
3. Request that Equifax submit a corrected credit check.
4. Upon receipt of the corrected and satisfactory information, your application will be re-evaluated for the next available unit.

### **OTHER NON-CREDIT DENIALS**

If you have been denied as an applicant and feel you qualify, based upon the above criteria, you should write to Shelter Management, Inc., Equal Housing Department, P.O. Box 13427, Salem, OR, 97309-1427. Your letter should explain the circumstances surrounding your rejection. Within seven (7) working days of the receipt of your letter, your application and any other pertinent material will be reviewed and you will be notified of the outcome of the review.

All applications to rent from Shelter Management, Inc. are valid for 90 days.