

**HILTS FAMILY PROPERTIES
RENTAL APPLICATION FOR FINANCIALLY RESPONSIBLE TENANT**

DATE: _____ DATE UNIT WANTED: _____ # OF APPLICANTS _____
***A SEPARATE RENTAL APPLICATION AND FEE IS REQUIRED FOR EACH APPLICANT

BIO

NAME: _____ SS# _____ DOB _____
PRESENT ADDRESS: _____ HOW LONG? _____
PHONE:(work) _____ PHONE:(cell) _____
EMAIL: _____ CURRENT RENT PAID _____
LANDLORD REFERENCE: _____ PHONE (or email) _____
LENGTH OF TENANCY: _____ REASON FOR LEAVING _____

EMPLOYMENT

EMPLOYER: _____ POSITION _____
LENGTH OF EMPLOYMENT: _____ REFERENCE CONTACT(name) _____
PHONE #(email): _____ MONTHLY TAKE HOME PAY: _____
ADDITIONAL INCOME; _____ SOURCE: _____

FINANCES

BANK – CHECKING: _____ ACCT# _____ BALANCE: _____
BANK – SAVINGS: _____ ACCT# _____ BALANCE: _____
OTHER ASSETS: _____

THREE LARGEST DEBTS:

Creditor: _____	Amount Owed: _____	Monthly Payment _____
Creditor: _____	Amount Owed: _____	Monthly Payment _____
Creditor: _____	Amount Owed: _____	Monthly Payment _____

MISCELLANEOUS

SMOKER? _____ OCCASIONAL? _____ PETS: _____
AUTO LISCENSE _____ MAKE/MODEL _____

DISABILITY STATUS

DO YOU HAVE A MOBILITY DISABILITY OF OTHER DISABILITY STATUS? _____

IF SO, DO YOU REQUEST A DODIFICATION OF ACCOMODATION? -----

<https://www.portland.gov/sites/default/files/2020-01/notice-30.01.086.c.3.b-modification-or-accommodation.pdf>

<https://www.portland.gov/sites/default/files/2020-01/notice-30.01.086.c.3.c-application-and-screening-rights-and-responsibilities.pdf>

You may submit supplemental evidence for consideration, in order to mitigate potentially negative screening results, by attaching extra pages of any and all such information to this application.

AUTHORIZATION

I CERTIFY THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I HEREBY AUTHORIZE YOU TO MAKE ANY AND ALL INQUIRIES DEEMED NECESSARY TO EVALUATE MY APPLICATION INCLUDING OBTAINING CRED AND PUBLIC RECORDS REPORTS ABOUT ME.

APPLICANT: _____