Quality Property Management Company

317 Howard Street, Medford, Oregon 97504

♦ (541) 776-7674 ♦ Fax (541) 776-3246 ♦

E-Mail Address: info@gpmcompany.com

IMPORTANT

Please read prior to filling out the application

APPLICATION SCREENING GUIDELINES

APPLICATION PROCESS

- We offer applications to everyone who inquires about the rental.
- ❖ We review completed applications in the order in which we receive them.
- ❖ We may require 3-5 business days to verify information on an application.
- If we are unable to verify information on an application, the application may be denied.

SCREENING GUIDELINES

Complete Application

- ❖ Joint applicants that have shared the same living history for the previous 3 years may submit a joint Rental Application; however, individual screening fees apply.
- ❖ We will not review incomplete applications; incomplete applications will be canceled regardless to the submission of non-refundable screening fee(s).
- We will accept the first qualified applicant(s).

Identification

❖ Applicant must provide US/state issued photo identification.

Prior Rental History

- Rental History of 3 years (apartment) or 5 years (house) must be verifiable and can require joint rental history.
- Applicants must provide us with the information necessary to contact past landlords. We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history.
- **Exceptions** may be made for applicants by means of **increased security deposit**.

Sufficient Income/Resources

- Gross household income shall be at least two (2) times the rent (excluding utilities).
- ❖ Income may include the following: SSI, SSDI, SNAP, TANF, HUD, child support, alimony, etc.
- Income/resources must be verifiable through pay stubs, employer contact, current tax records and/or bank statements.

Credit/Criminal/Public Records Check

- ❖ Negative reports may result in denial of application
- Any individual who is a current illegal substance abuser, or has been convicted of the illegal manufacture or distribution of a controlled substance will be denied tenancy.

SCREENING PROCESS

- We determine, based on the application, whether or not the applicant meets our screening guidelines.
- We verify income and resources.
- We check with current and previous landlords.
- ❖ We obtain a credit report, a criminal records report and public records report.

DATE SUBMITTED	TIME SUBMITTED

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APPLICATION TO RENT

APPLICATION TO RENT 11 Suncrest Talent OR 97540 Monthly Rent: \$								
	esired Mo	ve in o	date:					
			PERSONAL IN	IFORMATION				
			NAME LA	AST NAME	SOCIAL SECURITY NUMBER/ITIN			
DATE OF B	DATE OF BIRTH		RIVER'S LICENSE NO	HOME PHONE NUMBER	MOBILE PHONE NUMBER			
			E-MAIL A	DDRESS				
SPOUSE FIRST NAME		MI	DDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER			
DATE OF BIRTH		D	RIVER'S LICENSE NO	YEARS MARRIED	TELEPHONE NUMBER			
			E-MAIL A	DDRESS				
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J BEEN CONVICTED OF A FELONY OR VIOLENT CRIME OR SEX CRIME?			CRIME OR SEX CRIME?	DO ANY APPLICANTS SMOKE?	DO YOU HAVE AN OMMP CARD?			
			RENTAL	HISTORY				
CURRENT ADDRESS				CITY	STATE ZIP			
RENT AMOUNT	RENTING SINCE		REASON FOR MOVE	LANDLORD NAME	LANDLORD PHONE NUMBER			
PREVIOUS ADDRESS				CITY	STATE ZIP			
RENT AMOUNT	RENTED FROM		RENTED TO	LANDLORD NAME	LANDLORD PHONE NUMBER			
PREVIOUS ADDRESS				CITY	STATE ZIP			
RENT AMOUNT	RENTED FROM		RENTED TO	LANDLORD NAME	LANDLORD PHONE NUMBER			
				NT HISTORY				
APPLICANT'S EMPLOYER		EMPLOYER PHONE NUMBER						
CURRENT POSITION		NAM	E OF SUPERVISOR	TIME ON THE JOB	MONTHLY TAKE HOME PAY			
	SPOUSE'S EMPLOYER			EMPLOYER PHONE NUMBER				
CURRENT POSITION		NAM	E OF SUPERVISOR	TIME ON THE JOB	MONTHLY TAKE HOME PAY			

ADDITIONAL INCOME

			ADD	HON	AL INC	OME					
OTHER INCOME (ex: section 8 voucher, child/spousal support, food stamps, etc)							МС	MONTHLY AMOUNT			
OTHER INCOME (ex: section 8 voucher, child/spousal support, food stamps, etc)						МС	MONTHLY AMOUNT				
			FINANO	CIAL IN	NFOR <i>N</i>	MATION					
BANK REFERENCE (CHECKING) BRANCH BANK REFERENCE (SAVINGS)						В	BRANCH				
FINANCIALO	FINANCIAL OBLIGATION			MONTHLY AMOUNT		FINANCIAL OBLIGATION			MONTHLY AMOUNT		
FINANCIALO	FINANCIAL OBLIGATION		MONTHLY AMOUNT		FINANCIALOBLIGATION			MONTHLY AMOUNT			
PERSONAL REFERENCES											
EMERGENCY CONTACT			RELATIONSHIP	ADDRESS				PHONE NUMBER			
1.) PERSONAL F	1.) PERSONAL REFERENCE			RELATIONSHIP PI			PH	HONE NUMBER			
2.) PERSONAL I	REFERENCE	E RELATIONSHIP				PHONE NUMBER					
			PFRS	ONAL	PROP	FRTY					
1.) VEHICLE: MA	AKE					YEAR LICEN			NSE# STATE REGISTERED		
DO YOU OWN n than \$5,000 in as		DO YOU OWN FISH OR EXOTIC PETS?									
YES 🗆	NO 🗆	yes [] NO								
-	MEMBEI	RS OF	THE HOUSE	HOLD	(Other	than tho	se alrea	dy listed	1)		
NAME		DATE OF BIRTH			NAME			D	DATE OF BIRTH		
NAME		DATE OF BIRTH			NAME			DATE OF BIRTH			
PET: TYPE	BRE	EED	MALE OR FE	MALE	COLOR(S)		AGE	WEI	IGHT	FIXED?	
PET: TYPE	BRI	EED	MALE OR FEI	MALE	COLOR(S)		AGE	WEI	IGHT	FIXED?	
a) Credit his b) Public rec c) Authoriza 2) Owner/Agent is valid for up to three	may obtain story includictords, includent of em scharging at weeks from the application of an unds for the right to ency. I am aning guidelistory includes a column and the application of the right to ency. I am aning guidelistory in an aning guidelistory in a column and the right to ency. I am aning guidelistory in a column and the right to ency. I am aning guidelistory in a column and the right to ency. I am aning guidelistory in a column and the right to ency. I am aning guidelistory in a column and the right to ency and	a tenan ing crec ding bur ployer t in Appli in date c applica nt or pr ny misde e denial dispute ware th	t screening or cre lit standing t not limited to juc o release employr cant Screening Ch of receipt by Own tion and screening oposed tenant ha emeanor which in of the rental apple the accuracy of a lat an incomplete I the above inform	dgments ment and large of ser/Agent g charge s been c volves th lication. any infor applicat nation is	s, liens, ev d income \$50.00 pe t. , Owner/, onvicted neft, dish mation p ion may c correct a	rictions and st verification. er adult, none Agent may co of any crime onesty, assau rovided to the cause delays co nd complete	and and hereby	erefundable erch of pub previous 10 tion, drug-1 gent by a se denial of te	le. Application of the control of th	rds to A conviction or weapons g service or I certify I	
APPLICANT				DATE	APPLIC	ANT				DATE	