

INNERMOUNTAIN PROPERTY MANAGEMENT, LLC

P.O. BOX 2530 REDMOND OR 97756
PHONE: 541-323-3497 - FAX: 1-458-206-7490

E-Mail Address:

innermountainproperty@gmail.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

1ST Choice: _____ Monthly Rent: _____
\$ _____ 2ND Choice: _____ Monthly Rent: _____
Rent: \$ _____ Desired Move in date: _____ Prefer Lease or M2M?

PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO		HOME PHONE NUMBER		MOBILE PHONE NUMBER	
E-MAIL ADDRESS							
SPOUSE FIRST NAME		MIDDLE NAME		LAST NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO		YEARS MARRIED		TELEPHONE NUMBER	
E-MAIL ADDRESS							
HAVE YOU EVER BEEN EVICTED?		BEEN SUED BY A LANDLORD?		HAVE YOU FILED BANKRUPCY? YEAR DISMISSED AND EXPLANATION:			
BEEN CONVICTED OF A FELONY OR VIOLENT CRIME OR SEX CRIME?				DO ANY APPLICANTS SMOKE?		DO YOU HAVE AN OMM 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		

EMPLOYMENT HISTORY

APPLICANT'S EMPLOYER			EMPLOYER PHONE NUMBER			
CURRENT POSITION		NAME OF SUPERVISOR		TIME ON THE JOB		MONTHLY TAKE HOME PAY
SPOUSE'S EMPLOYER			EMPLOYER PHONE NUMBER			
CURRENT POSITION		NAME OF SUPERVISOR		TIME ON THE JOB		MONTHLY TAKE HOME PAY

ADDITIONAL INCOME

OTHER INCOME (ex: section 8 voucher, child/spousal support, food stamps, etc)	MONTHLY AMOUNT
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FINANCIAL INFORMATION

BANK REFERENCE (CHECKING)	BRANCH	BANK REFERENCE (SAVINGS)	BRANCH
FINANCIAL OBLIGATION	MONTHLY AMOUNT	FINANCIAL OBLIGATION	MONTHLY AMOUNT
FINANCIAL OBLIGATION	MONTHLY AMOUNT	FINANCIAL OBLIGATION	MONTHLY AMOUNT

PERSONAL REFERENCES

NEXT OF KIN (IN CASE OF EMERGENCY)	RELATIONSHIP	ADDRESS	PHONE NUMBER
1.) PERSONAL REFERENCE	RELATIONSHIP		PHONE NUMBER
2.) PERSONAL REFERENCE	RELATIONSHIP		PHONE NUMBER

PERSONAL PROPERTY

1.) VEHICLE: MAKE	MODEL	YEAR	LICENSE #	STATE REGISTERED
2.) VEHICLE: MAKE	MODEL	YEAR	LICENSE #	STATE REGISTERED
3.) OTHER VEHICLE: MAKE	MODEL	YEAR	LICENSE #	STATE REGISTERED
DO YOU OWN A PIANO / ORGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU OWN WATER-FILLED FURNITURE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU OWN AN AQUARIUM? <input type="checkbox"/> YES <input type="checkbox"/> NO

MEMBERS OF THE HOUSEHOLD (Other than those already listed)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH			
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH			
PET: TYPE	BREED	MALE OR FEMALE	COLOR(S)	AGE	WEIGHT	FIXED?
PET: TYPE	BREED	MALE OR FEMALE	COLOR(S)	AGE	WEIGHT	FIXED?

APPLICANT SCREENING CHARGE DISCLOSURE(S):

- 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) Authorization of employer to release employment and income verification.
- 2) Owner/Agent is charging an Applicant Screening Charge of \$50.00 per adult, none of which is refundable. Application is valid for up to three weeks from date of receipt by Owner/Agent.
- 3) Upon receipt of the rental application and screening charge, Owner/Agent may conduct a search of public records to determine whether the applicant or proposed tenant has been convicted of any crime within the previous 10 years. A conviction or convictions for a felony or any misdemeanor which involves theft, dishonesty, assault, intimidation, drug-related or weapons charges may be grounds for the denial of the rental application.

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 I have read the screening guidelines and the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and good standing (including, but not limited to credit checks).

APPLICANT

DATE

APPLICANT

DATE