

Oregon Trail RENTAL APPLICATION

Complete and return to:

Columbia Cascade Housing Corporation

500 2nd Street

The Dalles, OR 97058

Contact: Give us a way of contacting you by mail and by phone.

Name:		Home Phone	
Address:		Work Phone	
City/State/Zip		Message Phone	

Applicant: Beginning with the head of household, list all household members who will live at the apartment.

Applicant Name	Social Security #	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

Income: Provide ALL income sources for all household members. Attach additional sheets as needed.

Applicant Name Complete one line for each wage earner in the household	Company Name	Type of work you perform	ANNUAL Wages	Public Assistance- SSI, AFDC, etc., or Benefits, Pensions

Assets: Provide information about income from all assets such as rental property, stocks, trust funds, etc. for all household members. Do not include vehicles, furniture, or personal possessions unless they are a source of income. Attach additional sheets as needed.

Household Member	Asset Description	Current Market Value	Income from Assets

Personal Information

Automobile _____ Year _____ Color _____ Tag _____ State _____

Automobile _____ Year _____ Color _____ Tag _____ State _____

Pets _____ Do you own a vacuum cleaner? _____ Do you smoke? _____

Describe any intended use of this rental other than as the primary residence for persons listed on this application. _____

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Rental History: Beginning with your current or most recent address where you paid rent/mortgage.

1. Rental Address _____ Rent _____
 City/State/Zip _____ How long at this Address? _____
 Landlord _____ Phone _____
 Landlord Address _____
 Reason for moving _____

2. Rental Address _____ Rent _____
 City/State/Zip _____ How long at this Address? _____
 Landlord _____ Phone _____
 Landlord Address _____
 Reason for moving _____

References: You must provide phone numbers. We prefer a business, personal, and family reference.

Name	Relationship	Phone Number

In case of personal emergency notify: _____ Relationship _____
 Address: _____ Phone _____

Verifications and Signatures

The information in this application is full, true and complete to the best of my/our knowledge as certified by my/our signature.

I/we certify that the housing that I/we will occupy will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I/we understand that failure to fully complete this application or providing false information may cause this application to be rejected or, or after placement in a unit, may be grounds for eviction.

I/we agree to give the owner/owner’s representative the authority to investigate and obtain my/our credit rating, income or asset information, current/past utility records, and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and held in confidence. My/our signature below certifies that the statements made on this application are true and correct, and gives management consent to verify this information contained in this application. I/we understand that due to changes in circumstances additional information may be requested to complete processing of this application.

WARNING: Section 1001 of Title 18, United States code provides, “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years or both.”

Applicant Signature _____ Date _____

Co-Applicant _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION