

**APPLICATION TO RENT: Sunston, L.L.C.**  
*APPLICATION REQUIRED FOR EACH ADULT OCCUPANT*

Date: \_\_\_\_\_

Property Address Applied For: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Proposed Move-in Date: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Fee \$40 per application.** Personal check or money order payable to Sunston, LLC. Please Drop-off through the office mail-slot at 2015A, NW 29<sup>th</sup> Ave, or mail to: P.O. Box 10559, PDX, OR, 97296. **Office:** (503) 274-4066 **Office hours:** M/Tu/Fr/Su 9:30–1:30 P.M, Weds: 3PM–7PM(or by appt. Not in office Th, Sa). Note: ONLY US MAIL (FedEx will NOT deliver to PO Boxes. FAX: 888-274-1740

**PERSONAL INFORMATION:** (*Most delays are caused by wrong phone numbers, numbers that go to voice mail, numbers going to people who don't know you or who are not authorized to give out info.*)

Full Name: \_\_\_\_\_ Phone: ( )  
                    First                    Middle                    Last  
S.S. #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Driver's License, State and #: \_\_\_\_\_  
E-mail address \_\_\_\_\_ Work tel. ( )

1) Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since: / / Rent Amount \$ \_\_\_\_\_  
Why are you moving? \_\_\_\_\_  
Current Landlord: \_\_\_\_\_ Phone: ( )

2) Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From / / to / / Rent Amount \$ \_\_\_\_\_  
Why did you move? \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ Phone: ( )

3) Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From / / to / / Rent Amount \$ \_\_\_\_\_  
Why did you move? \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ Phone: ( )

**Have you ever:** (*circle one*) Been Evicted? Yes No Been sued by Landlord? Yes No Filed Bankruptcy? Yes No Been convicted, pleaded guilty or no contest to a crime? Yes No If yes to any of these, please explain:  
**DO NOT SKIP THIS PART.** If the answer is NO, please circle NO.

**EMPLOYMENT INCOME:**

**NOTE -** If your employer requires us to verify through a Fee Based service we will pass that charge on to you. Typically \$25

*Applicant's Employer:* \_\_\_\_\_  
Employment Address: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: ( )  
Job Title: \_\_\_\_\_ Take home pay (per month): \$ \_\_\_\_\_ Full / Part-time (circle one)

*Previous Employer:* \_\_\_\_\_  
Employment Address: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: ( )  
Job Title: \_\_\_\_\_ Take home pay (per month): \$ \_\_\_\_\_ Full / Part-time (circle one)

Other Income (per month): \$ \_\_\_\_\_ Source: \_\_\_\_\_ Phone: ( )

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**PERSONAL REFERENCES:**

1) Next of Kin: \_\_\_\_\_ Phone: ( )  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Emergency Contact: \_\_\_\_\_ Phone: ( )  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Other: \_\_\_\_\_ Phone: ( )

**PERSONAL PROPERTY:**

- 1) Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_
- 2) Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_
- 3) Other Vehicles/Boats \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_

Do you own the following: Piano/Organ? \_\_\_\_\_ Water-filled furniture? \_\_\_\_\_ Fish Tank or Aquarium? \_\_\_\_\_

**PET#1**

Type: \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_

**PET#2**

Type: \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_

Has either pet ever injured anyone or damaged anything? (circle one) Yes no

If so, please explain: \_\_\_\_\_

Pet Reference: \_\_\_\_\_ Phone ( ) -  
Name Relationship

**APPLICANT'S ADDITIONAL COMMENTS & EXPLANATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**ALL ADULT MEMBERS OF HOUSEHOLD MUST FILE A SEPARATE APPLICATION**

**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) information verification;
  - d) current obligations and credit ratings; and
  - e) criminal records.
- 2) Owner/Agent requires payment of an Applicant Screening Charge of \$40.00 per applicant, none of which is refundable unless the Owner/Agent does not screen the applicant(s). Application valid for up to three weeks from date of receipt by Owner/Agent. Please make checks payable to Sunston, L.L.C.

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 the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing (including, but not limited to credit checks). The Owner/Agent is requiring payment of an applicant screening charge, applicant acknowledges receiving a copy of or reading Owner/Agent's Screening Guidelines.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_