



STEWARDSHIP RENTALS

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www.StewardshipRentals.com

FOR OFFICE USE ONLY
DATE APPROVED/DENIED:

RENTAL APPLICATION

Please complete all requested information on front and back of this form and submit it to our office. A Stewardship Properties representative must approve any application received before either party can enter into a rental agreement. Thank you for your interest in our rentals.

Today's Date _____ Address Applying For _____ Desired Move-In Date _____

APPLICANT INFORMATION

Applicant's Full Name _____ D.O.B. _____ S.S.# _____

Phone #s _____ E-Mail _____ Other Names Used _____

Driver's License # _____ State _____ Exp Date _____

Vehicle Make/Model _____ Year _____ License Plate _____

Co-Signer Name _____ Relationship _____ Phone # _____ **Do you have pets?: YES NO If**

so, what? _____ Do you or your co-applicant(s) have children? YES NO If so, how many? _____ Roommates' Names/Other

Applicants

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

RENTAL HISTORY (at least 2 years, or co-signer)

1) Current Address _____ City _____ State _____ Zip _____

Landlord's Name _____ Landlords Phone # _____

Dates at this address _____ -- _____ Reason for leaving _____

2) Previous Address _____ City _____ State _____ Zip _____

Previous Landlord's Name _____ Phone # _____

Dates at this address _____ -- _____ Reason for leaving _____

EMPLOYMENT / INCOME INFORMATION (at least 1 year employment)

1) Present Employer _____ Position _____ Dates at this job _____ -- _____

Supervisor's Name _____ Supervisor's Phone # _____ Monthly Income _____

Employers Address _____ City _____ State _____ Zip _____

Other Sources of Income (If you receive government financial assistance we will need a copy of your statement of benefits)

Amount _____ Source _____ Contact # _____

Amount _____ Source _____ Contact # _____

CURRENT TOTAL MONTHLY INCOME _____ Circle what applies to you: **Full-Time Part-Time Permanent Temporary 2)**

Past Employer _____ Position _____ Dates at this job _____ -- _____

Supervisor's Name _____ Supervisor's Phone # _____ Monthly Income _____

Employers Address _____ City _____ State _____ Zip _____

PAST TOTAL MONTHLY INCOME _____ Circle what applies to you **Full-Time Part-Time Permanent Temporary**

PERSONAL REFERENCES

1. Name _____ Relationship _____ Contact # _____
Address _____ City _____ State _____
2. Name _____ Relationship _____ Contact # _____
Address _____ City _____ State _____

APPLICANT BACKGROUND

Have You Ever: (please circle)

1. Been evicted from a tenancy or been party to an eviction or currently in the eviction process YES NO 2. Intentionally or willfully refused to pay rent when due YES NO 3. Have you or any other person who will be occupying the unit ever been convicted of a felony YES NO 4. Been Foreclosed on or currently in the foreclosing process YES NO

Please give any additional information that may help Stewardship Properties evaluate this application:

ADDITIONAL INFORMATION

Where did you see or hear about Stewardship Properties?

(mark all that apply)

Current/Past Tenant Zillow Facebook Sign on Property
Apartments.com Craigslist Flyer or Poster Hotpads Trulia
Other _____

Price Location Special Features - If so, what?

Other _____

What is most attractive about the apartment you are applying for?

OTHER INFORMATION

IN CASE OF EMERGENCY, NOTIFY: _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

TERMS AND CONDITIONS

I hereby certify that the answers I have given in this application are true to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of fees and deposits. I agree to a credit check if deemed necessary. I agree that my present and former landlords may release information related to my tenancy and my present employer may release information related to my current income status to Stewardship Properties. It is understood that I will not be discriminated against based on race, color, sex, religion, or national origin.

Applicant's Signature _____ **Date Signed** _____
Print Name _____

*****OFFICE USE ONLY – DO NOT WRITE BELOW*****

Comments:

THIS APPLICATION

PROCESSED BY _____ DATE _____

If not approved, specify reason(s) _____

Applicant Notified by (employee) _____ Date Notified _____

Notified by: Telephone In Person Letter Email