



RENTAL APPLICATION



Complete Application Received Date: _____ Time: _____ OFFICE USE ONLY	MUST BE COMPLETED BY EACH ADULT APPLICANT.	ANY INFORMATION LEFT BLANK WILL BE CONSIDERED AN INCOMPLETE APPLICATION. INCOMPLETE APPLICATIONS, MISSING OR FALSE INFORMATION WILL RESULT IN A DENIAL. PLEASE READ APPLICANT CRITERIA BEFORE YOU APPLY.
--	--	---

PROPERTY APPLYING FOR: _____

(Please note renters insurance is required for all properties)

APPLICANT

Applicants Name: _____			
Email: _____	Phone: (Cell) _____	(Work) _____	
SS# _____	Date of Birth: _____ / _____ / _____		
Driver's License #: _____	State Issued: _____		
Current Address: _____	City: _____	State: _____	Zip: _____
Current Landlord: _____	Phone: _____		
Currently: _____ Rent _____ Own _____	Dates of Residency: _____		
Have you given legal notice where you live? _____			
Why are you leaving your current residence? _____			
Have you ever been evicted? _____			
Cities, Countries & States you have lived in the past 7 years: _____			
Do you have a Section 8 Voucher? _____	If yes, what is the dollar amount? _____		
(If section 8) Caseworker name: _____	Phone: _____	(send voucher with application)	
Have you or any person who will be occupying the unit ever been convicted, pled guilty or no-contest to any crime? _____			
Do you smoke: _____ No _____ Yes *At ALL of our properties smoking is prohibited on entire premises.			
Other Occupants (List anyone 18 and older and any minors):			
Full Name: _____	Date of Birth: _____		
Full Name: _____	Date of Birth: _____		
Full Name: _____	Date of Birth: _____		
Full Name: _____	Date of Birth: _____		
Full Name: _____	Date of Birth: _____		
Do you have pets? _____ Yes _____ No *Please note all of our properties have a two-animal limit			
If yes, please note vet records are required, and must be included. *Please see our website for pet requirements, OmniRG.com			
Name _____	Type _____	Breed _____	Age _____ Weight _____
Name _____	Type _____	Breed _____	Age _____ Weight _____
Vehicles:			
Make _____	Model _____	Color _____	State: _____ License Plate# _____ Owner: _____
Make _____	Model _____	Color _____	State: _____ License Plate# _____ Owner: _____
Make _____	Model _____	Color _____	State: _____ License Plate# _____ Owner: _____

APPLICANT NAME: _____

EMPLOYMENT / INCOME

Current Employer:	Phone:	Years/ Months:					
Street Address:		City:	State:	Zip:			
Position:	Supervisor:						
HR Email:	HR Fax:						
Monthly Gross Income: \$							
Frequency of pay: _____ Weekly _____ Bi-Weekly _____ Monthly _____ Other							
Second Employer:							
Phone:					Years/ Months:		
Street Address:		City:	State:	Zip:			
Position:	Supervisor:						
HR Email:	HR Fax:						
Monthly Gross Income: \$							
Frequency of pay: _____ Weekly _____ Bi-Weekly _____ Monthly _____ Other							
Other Monthly Income (Specify):							
Amount: \$							

OTHER

How Did you hear about us? _____ Drive By/ Signs _____ Craigslist _____ Trulia/ Zillow _____ Omni Website _____ Hot pads _____ Flyer _____ Other: _____
Emergency Contact (not fellow applicant): Name: _____ Address: _____ Phone Number: _____

The undersigned authorize Omni Management or any screening service to contact my present and previous landlords, my credit references, and employers (as listed above) and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: A screening fee will be retained by the landlord as payment for the cost of application screening. Applicant screening entails the checking of your credit, income, rental history, criminal court records, and may include information as to their character, general reputation personal characteristics, and mode of living and other criteria for residency. As part of the application process, Landlord may obtain and investigate Consumer Report which may include information on your character, general reputation, personal characteristics, and mode of living. You have a right to request a written summary of your rights under the Federal Fair Credit Act Section 606(b) as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for residency. You have the right to dispute the accuracy of any information provided to the Landlord by the screening service or credit reporting agency. The name and address of screening company can be obtained from either the Criteria for Residency or the manager. Applicant's copy of this application shall be the receipt for the screening fee. If this application is approved, applications will have 48 hours from the time of notification to sign an Agreement to Execute and pay the amount due. If applicants fail to execute an agreement and to apply the amount due within the time, they will be deemed to have refused the unit and the next application for the unit will be processed. Landlord shall have no liability to applicant until such time as a rental agreement is signed by both parties. I/we understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. Applicant acknowledges receipt of a copy of the Applicant Criteria. The information contained in this application is true and complete. I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. I have received and read the landlord's screening criteria.

Applicant X _____ Date _____

APPLICANT NAME: _____

OFFICE USE ONLY: Receipt screening fee: _____
Property: _____ Monthly Rent: _____ If being added as a roommate, current resident's name: _____
OFFICE USE ONLY: Applicant(s) Notified Date & Time ____/____/____ @ _____ am pm Approved Denied Lost Additional Requirements: _____
City of Portland Applicants only: ____ Disabled (not mobility-related) ____ Disabled and mobility disabled
____ Applicant has applied to other locations managed by Omni Management Inc. in the last 60 days. If checked, please specify where: _____
Security Deposit: _____ Additional Deposits: _____ *\$300 Pet deposit per pet. *A last months rent could be required based on screening results.
Renters' Insurance is <u> X </u> is not ____ required. Minimum insurance amount is \$100,000 unless otherwise agreed upon in writing by the parties. Landlord must be listed as an "interested person" on the insurance policy and proof of such listing must be provided prior to move in. No insurance will be required if: a) the household income of all of the tenants in the unit is equal to or less than 50% of the area median income; adjusted for family size as measured up to a five-person family or b) if the dwelling unit has been subsidized with public funds, not including housing choice vouchers.

Omni Management Revised 1/2022

•
•

**APPLICATION CRITERIA
LOCATED ON THE
FOLLOWING PAGE.**

•
•