

# von Klein Property Management, LLC

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## Rental Application

### APPLICANT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License or Id #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

How Many will reside: \_\_\_\_\_ SS #: \_\_\_\_\_ Passport/Visa #: \_\_\_\_\_

Name of Roommates: \_\_\_\_\_

### EMPLOYMENT / INCOME INFORMATION

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Take Home Pay: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check What Applies:  Full Time  Part Time  Permanent Employee  Temporary Employee

#### Other Sources of Income:

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

### RESIDENTIAL/RENTAL HISTORY (at least 2 years)

(use additional pages as necessary)

Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Management Co.: \_\_\_\_\_ Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Management Co.: \_\_\_\_\_ Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*\*\*Application continued on back.....

I certify that the information I have provided is true and correct to the best of my knowledge. I understand and accept that any information provided that is incomplete, inaccurate or falsified is grounds for denial or subsequent termination of tenancy. I authorize von Klein Property Management to make any inquiries deemed necessary for the verification of all information, including but not limited to obtaining a credit report and agree to furnish additional information upon request. I understand that once my application is approved I must commit to the unit by signing a contract and paying the first month's rent or decline the unit. If von Klein Property Management has not heard from me within 3 days of this application being approved I understand that I will no longer be considered for the unit. I understand that I will not be discriminated against based on race, color, sex, religion, or national origin. Furthermore, by signing below, I acknowledge that I have read and understand the screening process and policies of von Klein Property Management, LLC.

Applicant  
Signature: \_\_\_\_\_

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

**APPLICANT'S CREDIT INFORMATION**  
(Credit cards, utilities, any kind of credit you may have had)

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings  
Branch Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings  
Branch Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HAVE YOU EVER:** Been Evicted?  Yes  No    Been Sued by a Landlord?  Yes  No

**AUTOMOBILE INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**PERSONAL REFERENCES**  
(non-relative, known for more than one year)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of nearest relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Do you smoke?  Yes  No ; Do you have a pet?  Yes  No , If yes: What type? \_\_\_\_\_ How \_\_\_\_\_

Describe pet: \_\_\_\_\_ Age of Pet: \_\_\_\_\_ Is it spayed/neutered?  Yes  No

List all names used (maiden, nickname, alias, other marriages, \_\_\_\_\_

Do you have or intend to use: (Proof of insurance may be required)

A water bed?  Yes  No    A piano?  Yes  No    Other musical instrument?  Yes  No

A satellite dish?  Yes  No    An aquarium?  Yes  No    If yes: How large? \_\_\_\_\_ gallons

Have you ever been convicted or pled guilty/no contest to drug activity?  Yes  No

If yes, explain: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been convicted or pled guilty/no contest to felony or misdemeanor?  Yes  No

If yes, explain: \_\_\_\_\_ Date: \_\_\_\_\_

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**PROPERTY INTERESTED IN:**    1<sup>st</sup> Choice: \_\_\_\_\_    Unit # or Size: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_    Unit # or Size: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_    Unit # or Size: \_\_\_\_\_

Move in date desired: \_\_\_\_\_

Summer session only     School year only     Summer & School Year

\* see property for specific required lease dates

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**OFFICE USE ONLY:**    Date received in Office: \_\_\_\_\_    Time received in Office: \_\_\_\_\_