

# **von Klein Property Management, LLC**

P.O. Box 11468  
Eugene, OR 97440

Office (541) 485-7776  
Fax: (541) 334-6568

1301 Ferry Street #2  
Eugene, OR 97401

## **RENTAL APPLICATION**

Property Interested in:   1<sup>st</sup> choice: \_\_\_\_\_ Unit # or Size: \_\_\_\_\_  
                                  2<sup>nd</sup> Choice: \_\_\_\_\_ Unit # or Size: \_\_\_\_\_

How many will  
reside: \_\_\_\_\_ Desired move-in date: \_\_\_\_\_

Names of Roommates: \_\_\_\_\_

## **APPLICANT INFORMATION**

NAME:       Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_       Passport/Visa #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_       Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_       Secondary Phone: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_       State: \_\_\_\_\_       Expires: \_\_\_\_\_

Vehicle: Make/Model: \_\_\_\_\_       Color: \_\_\_\_\_       License #: \_\_\_\_\_       State: \_\_\_\_\_

## **INCOME INFORMATION**

Employer: \_\_\_\_\_       Position: \_\_\_\_\_       Hire Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_       Phone #: \_\_\_\_\_       Salary (monthly): \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_       Amount(s): \_\_\_\_\_

Contact Name(s): \_\_\_\_\_       Phone #: \_\_\_\_\_

## **PERSONAL REFERENCES**

**Non-relative**  
(someone you've known more than one year)   Name: \_\_\_\_\_       Phone #: \_\_\_\_\_

**Relative**   Name: \_\_\_\_\_       Phone #: \_\_\_\_\_

**Additional Relative:** \_\_\_\_\_       Relationship: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
                                  Address/Apt #   City   State   Zip Code

**Primary Phone #:** \_\_\_\_\_       **Secondary Phone #:** \_\_\_\_\_

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## RESIDENTIAL/ RENTAL HISTORY (TWO YEARS REQUIRED, USE ADDITIONAL PAPER IF NEEDED)

Current Address: \_\_\_\_\_  
Address/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Rent: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Management Co.: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Address/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_ Rent: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Management Co.: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### HAVE YOU EVER:

Been Evicted? Yes NO

Been Sued by a landlord? Yes NO

Been convicted or pled guilty/ no contest to drug activity, felony, or misdemeanor? Yes NO

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

### MISCELLANOUS INFORMATION

Do you Smoke? Yes NO Do you have a pet? Yes NO If yes: what type? \_\_\_\_\_ How many? \_\_\_\_\_

Describe Pet: \_\_\_\_\_ Age of Pet: \_\_\_\_\_ Is your pet spayed/neutered? Yes NO

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

A water bed? Yes NO Musical instrument? Yes NO If yes: What Type? \_\_\_\_\_

An Aquarium Yes NO If yes, how large? \_\_\_\_\_ What school do you attend, if applicable? \_\_\_\_\_

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 inquires 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 that I have read and understand the screening process and policies of von Klein Property Management, LLC.

I accept the above terms

Applicant Signature

Date:

Office Use Only: \_\_\_\_\_ Date received in Office: \_\_\_\_\_ Time: received in office: \_\_\_\_\_

Please submit your completed form by:

- 1) Scanning and emailing to vkpm@vonkleinrentals.com
- 2) Faxing to (541) 334-6568
- 3) Mailing to P.O. Box 11468, Eugene, OR 97440
- 4) Dropping off at 1301 Ferry St., Eugene, OR 97401

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