

# APPLICATION FOR TENANCY



**COMPLEX NAME:** Ames Creek Court

**APPLICANT NAME:** \_\_\_\_\_

*Office Use Only*  
(date/time received)

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

Time: \_\_\_\_\_ AM/PM

By: \_\_\_\_\_

Cascade Management, Inc  
Real Estate Management Services

**Bedroom Preference:** 1 2 (circle all that apply)

Your Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Address Phone

Emergency Contact: \_\_\_\_\_  
Name Address Phone

**List each person (including self) who will occupy the unit.**

LAST NAME	FIRST NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	DR. LIC.#/ STATE	Full-Time or Part Time Student Y/N

Has anyone listed above ever been evicted? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Has legal notice been given where you now live? Yes \_\_\_ No \_\_\_

Has anyone listed above ever been convicted or pled guilty to a felony or misdemeanor? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently living in a subsidized property? Yes \_\_\_ No \_\_\_ Apt Name \_\_\_\_\_

Do you currently have a Section 8 voucher? Yes \_\_\_ No \_\_\_

Do you request a unit designed for wheelchair accessibility? Yes \_\_\_ No \_\_\_

I have a Preference (I have been displaced by a government action or a presidential declared disaster)

Yes \_\_\_ No \_\_\_ (you will be required to provide verification at time of application)



CASCADE MANAGEMENT, INC.,  
8532 SW ST HELENS DRIVE, SUITE 201, WILSONVILLE, OREGON 97070 (503) 682-7788 TTY: 711 FAX (503)-682-5656  
or 830 NE VICTORIA STREET, GRANTS PASS, OR 97526 (541) 476-1141 TTD: (800) 545-1833 FAX (541) 471-8550



Previous Rental History: Start with your current residence.				
NAME AND PHONE # OF CURRENT & PREVIOUS LANDLORDS	ADDRESS YOU OCCUPIED	MOVE IN DATE	MOVE OUT DATE	REASON FOR LEAVING

Income Information: List wages, salaries, SSI, disability, unemployment, welfare, or ANY source of income as well as any assets currently held/owned			
FAMILY MEMBER	INCOME SOURCE	AMOUNT	ASSET SOURCE & AMOUNT

Do you currently own real property? Yes \_\_\_\_ No \_\_\_\_

Have you disposed of any asset for less than fair market value in the past two years? Yes \_\_\_\_ No \_\_\_\_ ; if yes what?

\_\_\_\_\_

**Employment Information:**

**Head of Household Employer** \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Position \_\_\_\_\_

**Spouse's (Co-Head)**  
 Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Position \_\_\_\_\_

**Other Adult Member**  
 Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Position \_\_\_\_\_



CASCADE MANAGEMENT, INC.,  
 8532 SW ST HELENS DRIVE, SUITE 201, WILSONVILLE, OREGON 97070 (503) 682-7788 TTY: 711 FAX (503)-682-5656  
 or 830 NE VICTORIA STREET, GRANTS PASS, OR 97526 (541) 476-1141 TTD: (800) 545-1833 FAX (541) 471-8550



