



10001 SE Sunnyside Rd. Suite 200
Clackamas, OR 97015
Telephone: 503-774-8893
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info@hannanetwork.com

Residential Rental Application

To be completed by each adult applicant or occupant. Caregivers to any resident or occupant must complete an application and will be screened for conduct and criminal only. All units subject to availability.

Property Address _____ Date _____ Date Unit Wanted _____

City _____ State _____ Zip _____

Smoking Allowed in limited areas (Ask Management for details). Rental Insurance will be required.

Applicant Information

Full Legal Name _____ Email _____

Previous Names, Aliases or Nicknames used _____ Photo ID Type/Number _____

Date of Birth _____ Soc. Security # _____ Military Status _____

Current Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Home Phone _____

Applicant Employment/Income Information

Current Employer _____ Supervisor _____

Current Employer Address _____ Phone # _____

City _____ State _____ Zip _____ Fax # _____

Position _____ Hire Date _____ Gross Monthly Income _____

Other Monthly Income: Source _____ \$ _____ Source _____ \$ _____

Bank Account Information _____

Are you Self-Employed? Yes / No (Circle one)

Additional/Previous Employer _____ Supervisor _____

Additional/Previous Employer Address _____ Phone # _____

City _____ State _____ Zip _____ Fax # _____

Position _____ Hire Date _____ Gross Monthly Income _____

Additional/Previous Employer _____ Supervisor _____

Additional/Previous Employer Address _____ Phone # _____

City _____ State _____ Zip _____ Fax # _____

Position _____ Hire Date _____ Gross Monthly Income _____

Applicant Rental History

Current Landlord Name/Company _____ Phone # _____

Address _____ Fax # _____

City _____ State _____ Zip _____

Date you Moved In _____ Date you Moved Out _____

Reason for Vacating _____

Have you given legal notice where you now live? Yes / No (Circle one)

Former Landlord Name/Company _____ Phone # _____

Address _____ Fax # _____

City _____ State _____ Zip _____

Other Occupants

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Vehicles

Make _____ Model _____ Color _____ State _____ License Plate # _____

Make _____ Model _____ Color _____ State _____ License Plate # _____

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Animals (Subject to approval by management) How many animals will be residing in this unit? _____

Type _____ Breed _____ Age _____ Weight _____ Color _____

Type _____ Breed _____ Age _____ Weight _____ Color _____

Type _____ Breed _____ Age _____ Weight _____ Color _____

Type _____ Breed _____ Age _____ Weight _____ Color _____

Emergency Contact Information

Emergency Contact Name _____ Phone # _____

Address _____

Contact in case of Death: Name _____ Phone # _____

Address _____

Have you ever been evicted, or are you currently in the eviction process? Yes / No

Have you ever filed for bankruptcy, or are you currently in the bankruptcy process? Yes / No If Yes, Date _____

Have you ever had a home foreclosed on, or are you currently in the foreclosure process? Yes / No If Yes, Date _____

Have you or any other person who will be occupying the unit ever been convicted of, or pled guilty or no contest to, any felony or misdemeanor? Yes / No If Yes, Who _____ Where _____

When _____ What _____

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. **I have received and read the Owner/Agent's rental criteria.**

Applicant _____ Date _____

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