

MUSTANGERS, INC.
 PO BOX 653
 PENDLETON, OR 97801

Residential Rental Application

Applicant Information				
Property address applying for:				
Name:				
Date of birth:		SSN:		Phone:
Current address:				
City:		State:		ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:	How long?
Previous address:				
City:		State:		ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent:	How long?
Employment Information				
Current employer:				
Employer address:				How long?
Phone:		E-mail:		Fax:
City:		State:		ZIP Code:
Position:		Hourly	Salary	(Please circle) Annual income:
Emergency Contact				
Name of a person not residing with you:				
Address:				
City:		State:		ZIP Code: Phone:
Relationship:				
Co-applicant Information				
Name:				
Date of birth:		SSN:		Phone:
Current address:				
City:		State:		ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:	How long?
Previous address:				
City:		State:		ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent:	How long?
Co-applicant Employment Information				
Current employer:				
Employer address:				How long?
Phone:		E-mail:		Fax:
City:		State:		ZIP Code:
Position:		Hourly	Salary	(Please circle) Annual income:
References				
Name:		Address:		Phone:

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References (Continued)	
I/we authorize the verification of the information provided on this form as to my/our credit, employment and references.	
Signature of applicant:	Date:
Signature of co-applicant:	Date:

This form provided by USLandlord.com

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Applicant Signature Authorization

Privacy Act Notice

This information is to be used by management indicated above in determining whether you qualify as a prospective tenant. Information will not be disclosed outside management except as required or permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective tenant may be delayed or rejected.

Applicant Information

Name:

Address:

City: State: ZIP code:

SSN: DOB:

Co-applicant Information

Name:

Address:

City: State: ZIP code:

SSN: DOB:

Signature Authorization

I hereby authorize management to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my rental application. I further authorize management to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information management obtains is only to be used in the processing of my application for tenancy.

Applicant signature:

Date:

Co-applicant signature:

Date:

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Request for Verification of Employment

Part I - Request			
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to management listed above.			
To: (Name and Address of Employer)			
Attn:			
Company:			
Address:			
City:		State:	ZIP Code:
Ph:		Fax:	
Applicant Information			
Name:			
Address:			
City:		State:	ZIP Code:
Employee ID:		Department:	Badge #:
I have applied for residency and stated that I am now or was formerly employed by you. My signature below (*or accompanying Applicant Signature Authorization) authorizes verification of this information.			
*Signature of applicant:			Date:
Part II - Verification of Present Employment			
Applicant's Present Position:			
Probability of Continued Employment:			Hire Date:
Gross Base Pay: \$		Hourly Weekly Annually (Please circle)	Bonus Income: \$
For Military Personnel Only (Monthly Amounts)			
Base Pay: \$		Rations: \$	Clothing: \$
Quarters: \$		Flight or Hazard: \$	Variable Housing Allowance: \$
Remarks:			
Part III - Verification of Previous Employment			
Position Held:			Hire Date:
Reason for Leaving:			Termination Date:
Gross Base Pay: \$		Hourly Weekly Annually (Please circle)	Bonus Income: \$
Part IV - Authorized Signature			
Name:		Title:	Phone:
Signature of employer:			Date:

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Request for Verification of Rent

Part I - Request		
Landlord - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to management listed above.		
To: (Name and Address of Landlord)		
Attn:		
Company:		
Address:		
City:	State:	ZIP Code:
Ph:	Fax:	
Applicant Information		
Name:		
Address:		
City:	State:	ZIP Code:
I have applied for residency and stated that I am now or was formerly your tenant. My signature below (*or accompanying Applicant Signature Authorization) authorizes verification of this information.		
*Signature of applicant:		Date:
Part II - Verification of Present Tenancy		
Tenant has rented since (month/day/year):		
Rent Amount: \$	Weekly Monthly (Please circle)	Pets?: Yes No (Please circle)
Number of times 30 days past due in last 12 months:		
Remarks:		
Part III - Verification of Previous Tenancy		
Tenant has rented from (month/day/year):		
to (month/day/year):		
Rent Amount: \$	Weekly Monthly (Please circle)	Pets?: Yes No (Please circle)
Number of times 30 days past due in last 12 months (if applicable):		
Remarks:		
Part IV - Authorized Signature		
Name:	Title:	Phone:
Signature of landlord:		Date:

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