



Gall Real Estate
Services, LLC

Willamette Management Services
362 Main Street #1 Dallas, OR 97338
Mailing: PO Box 1071 Dallas, OR 97338
Phone: 503.363.8894
Fax: 503.588.3499

RENTAL APPLICATION

(To be completed by each ADULT APPLICANT)

FOR OFFICE USE ONLY

Verified Drivers License or State I.D. FULL REPORT ☐ CREDIT PLUS ☐ EVICTION ☐
☐ Yes ☐ No ☐ Co-signer ☐ W/ Current Tenant

Time Application Received: _____

APPROVED ☐ NOT APPROVED ☐ DATE: _____

COMPLEX/UNIT ADDRESS		CONTACT	TELEPHONE
MOVE IN DATE	MONTHLY RENT \$	LEASE	REFERRED BY

APPLICANT INFORMATION

APPLICANT Last Name	First	Middle	D.O.B	SOCIAL SECURITY#	DRIVERS LICENSE #/ STATE
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL		
# OF ROOMMATES/ NAME(S)					

CURRENT RESIDENCE

Address	Apt#	City	State	Zip	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE IN MOVE OUT	MONTHLY RENT \$	TELEPHONE
LANDLORD/MORTGAGE CO NAME					PHONE		FAX	
HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>								
REASON FOR VACATING								
CURRENT ROOMMATES								

PREVIOUS RESIDENCE

Address	Apt#	City	State	Zip	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE IN MOVE OUT	MONTHLY RENT \$	TELEPHONE
LANDLORD/MORTGAGE CO NAME					PHONE		FAX	
HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>								
REASON FOR VACATING								
ROOMMATES								

EMPLOYMENT

APPLICANT CURRENT EMPLOYER	POSITION	TELEPHONE	SUPERVISOR NAME	MO. SALARY	DATE OF HIRE MO/YR
APPLICANT PREVIOUS EMPLOYER	POSITION	TELEPHONE	SUPERVISOR NAME	MO. SALARY	FROM/TO
ADDITIONAL INCOME: \$(List any income to be included for qualification)			SOURCE:	PHONE:	

ADDITIONAL OCCUPANTS (Please list all occupants, other than those over the age of 18 required to apply through separate application)

Name	DOB	RELATIONSHIP

ADDITIONAL INFORMATION

APPLICANT BANK NAME		BRANCH	ADDRESS	TELEPHONE
WILL YOU BE MOVING IN ANY OF THE FOLLOWING ITEMS? (Please mark all that apply) WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> PIANO <input type="checkbox"/>		DO YOU HAVE RENTERS INSURANCE? Yes <input type="checkbox"/> No <input type="checkbox"/> CARRIER: _____ POLICY # _____		TYPE & SIZE OF PET (S):
HAVE YOU OR ANY PERSON WHO WILL LIVE IN THE UNIT EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST OR HAVE PENDING CHARGES TO ANY FELONY OR MISDEMEANOR? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please provide more information, describe offense & mo/yr of offense)				
HAVE YOU EVER BEEN EVICTED? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, when)		HAVE YOU RENTED OUT-SIDE THE STATE OF OREGON? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, list other states)		HAVE YOU RENTED UNDER A NAME OTHER THAN LISTED ABOVE? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, list all other names, i.e. maiden name)
EMERGENCY CONTACT NAME				RELATIONSHIP
ADDRESS				TELEPHONE

I certify that the above information is correct and complete and hereby authorize Gall Real Estate Services, LLC dba/Willamette Management Services, to do a credit check and make inquiries they feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening charge of \$55.00. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The Applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The screening service is Pacific Screening Inc., PO Box 25582, Portland, OR 97298 (503) 297-1941. If the applicant is approved, applicants will have 72 hours from the time of notification to either execute a rental agreement and make all deposits required there under or make a deposit to execute a rental agreement which will provide for the forfeiture of the deposit if applicants fail to execute the rental agreement. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. Owner/Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties. Applicant acknowledges receipt of a copy of the criteria for Residency. The information contained in this application is true and complete.

Applicant Name (Please print)

Applicant Signature

Date

Gall Real Estate Services, LLC
Db a Willamette Management Services

Date



Willamette Management Services
362 Main Street #1
Dallas, OR 97338

Willamette Management Services Application Checklist

- Signed, completed application for each potential tenant over the age of 18
- Copy of a valid ID
- Copies of income verification for the last 30 days (must make three times the rent in gross income – combined, if more than one adult)
- \$55 application fee for each application

If you have any questions, please feel free to reach out to us directly at 503-363-8894 or info@wmsrentals.com. Our office hours are Monday through Friday, 8:00am to 4:00pm.

Thank you for your interest,

The Willamette Management Services Team