

3H MANAGEMENT GROUP
P. O. BOX 271
SILVERTON, OR 97381
PHONE: 503-873-3592

APPLICATION SCREENING PROCESS

APPLICATION PROCESS

- We offer application forms to everyone who requests them.
- **Each adult must submit an application along with a fee of \$50.00.**
- We review **completed** applications in the order they are received.
- An incomplete application and/or, one without the required fee will not be processed.
- If we are unable to verify information on the application, the application will be denied.
- We will review the applications as quickly as possible.
- We will accept the most qualified applicant(s).
- **All properties are non-smoking.**
- **The Tenant(s) must maintain, in force, his/her own Renter's Insurance.**
- 3H Management Group must be named as "Additional Insured" on the Renter's Insurance Policy and proof of same provided to 3H Management Group.

SCREENING GUIDELINES

IDENTIFICATION

- Applicants must provide a copy of **two pieces** of identification. One must include a photograph.

SCREENING PROCESS

- We determine, based on the application information, whether the applicant meets our screening guidelines.
- We verify all income resources.
- We check with current and previous landlords.
- We obtain credit reports, criminal records, and public reports.

PRIOR RENTAL HISTORY

- Rental history of a minimum five years/maximum ten years must be verified from unbiased/unrelated sources.
- Roommates must have two years prior rental history together, or provide additional deposits.
- Applicants must provide information necessary to contact past landlords. **This information should have no gaps.**
- We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history.

INCOME/RESOURCES

- Net household income shall be at least **three times** the rent (excluding utilities).
- Income and resources must be verifiable through pay stubs, employer contact, current tax records and/or bank statements.

CREDIT/CRIMINAL/PUBLIC RECORDS

- Any Individual having been evicted, convicted of the use, illegal manufacture or distribution of a controlled substance or convicted of a felony may be denied tenancy.
- Any negative reports may result in denial of an application.

EXCEPTIONS MAY BE MADE FOR APPLICANTS WITH QUALIFIED CO-SIGNERS OR INCREASED DEPOSITS.

RENTAL APPLICATION

3H MANAGEMENT GROUP
P. O. Box 271
Silverton, OR 97381

Phone: 503-873-3592

Property Address: _____ Move-In Date Requested: ___/___/___
Monthly Rent: _____ Security Deposits: _____ Other Deposits: _____ Application Fees: _____

APPLICANT INFORMATION

Full Name: _____ Phone: _____ Alternate Phone: _____ Email: _____
First Middle Last
Mailing Address: _____ S.S. # _____ Birth Date: _____
Current Address: _____ City: _____ State: ___ Zip: _____ Since: ___/___/___
Why are you moving: _____ Current Landlord: _____ Telephone No: _____

NOTE: WE NEED A MINIMUM 5 YEARS OF RENTAL HISTORY. THIS INFORMATION SHOULD HAVE NO GAPS. IF NECESSARY, PLEASE INCLUDE ADDITIONAL ADDRESSES ON A SEPARATE SHEET.

Previous Address: _____ City: _____ State: ___ Zip: _____
From: ___/___/___ to ___/___/___ Rent/Mortgage Paid: _____ Why did you move: _____
Previous Landlord: _____ Phone No: _____
Previous Address: _____ City: _____ State: ___ Zip: _____
From: ___/___/___ to ___/___/___ Why did you move: _____ Previous Landlord: _____ Phone No: _____
Have you ever been?
Evicted ___ Yes ___ No; Sued by a Landlord ___ Yes ___ No; Filed Bankruptcy ___ Yes ___ No
Been convicted, plead guilty, or no contest to a crime Yes ___ No ___; if yes to any of these, please explain:

Does anyone smoke? ___ Yes ___ No; Do you have renters' insurance? ___ Yes ___ No

EMPLOYMENT/INCOME

Current Employer: _____ How Long? ___ Job Title: _____ Telephone: _____
Supervisor: _____ Take Home Pay (per month) _____ Full Time ___ Part-Time ___
If less than one year: Previous Employer: _____ How Long? ___ Job Title: _____ Telephone: _____
Supervisor: _____ Take Home Pay (per month) _____ Full Time ___ Part-Time ___
Other Income (Per Month) \$ _____ Source _____ Telephone No: _____

PERSONAL REFERENCES

Next of Kin: _____ Telephone No: _____
Name _____ Address _____ Relationship: _____
Emergency Contact: _____ Telephone No: _____
Other Contact: _____ Telephone No: _____

PERSONAL PROPERTY

Automobile: Make: _____ Model: _____ Year _____ License # _____ State _____
Automobile: Make: _____ Model: _____ Year _____ License # _____ State _____
Other Vehicles/Boats _____ Model _____ Year _____ License # _____ State _____
Do you own the following: Piano/Organ? ___ Yes ___ No; Water filled furniture? ___ Yes ___ No; Fish Tank or Aquarium? ___ Yes ___ No
PET #1: Type: _____ Size: _____ Weight _____ PET #2: Type: _____ Size: _____ Weight: _____
Has Pet ever injured anyone or damaged anything? ___ Yes ___ No

MEMBERS OF HOUSEHOLD

List all persons that will occupy the property for which you are applying. No other persons may reside there unless they are listed.

Name: _____ DOB: _____ Name: _____ DOB: _____
Name: _____ DOB: _____ Name: _____ DOB: _____

I certify that I have received a copy of The Tenant Screening Guidelines and read them. I also certify that the information I have provided on this application is true and correct and I authorize 3H Management Group to contact all creditors and references listed on this application and further authorize them to get current public credit report(s). I further acknowledge that the **\$50.00 screening/application fee per adult applicant** is non-refundable unless the application is not considered or processed.

Applicant is advised that incomplete, inaccurate or falsified information contained in this application shall be grounds for immediate denial. If discovered after approval and subsequent move-in, it shall be grounds for immediate termination of the rental agreement and forfeiture of all security deposits.

Applicant Signature

Date

Please, provide two pieces of ID. One must include a photo.

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APPLICANT INFORMATION

Full Name: _____ Phone: _____ Alternate Phone: _____ Email: _____
First Middle Last
Mailing Address: _____ S.S. # _____ Birth Date: _____
Current Address: _____ City: _____ State: ___ Zip: _____ Since: ___/___/___
Why are you moving: _____ Current Landlord: _____ Telephone No: _____

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Previous Address: _____ City: _____ State: ___ Zip: _____
From: ___/___/___ to ___/___/___ Why did you move: _____ Previous Landlord: _____ Phone No: _____
Have you ever been?
Evicted ___ Yes ___ No; Sued by a Landlord ___ Yes ___ No; Filed Bankruptcy ___ Yes ___ No
Been convicted, plead guilty, or no contest to a crime Yes ___ No ___; if yes to any of these, please explain: _____
Does anyone smoke? ___ Yes ___ No; Do you have renters' insurance? ___ Yes ___ No

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Current Employer: _____ How Long? ___ Job Title: _____ Telephone: _____
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If less than one year: Previous Employer: _____ How Long? ___ Job Title: _____ Telephone: _____
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Other Income (Per Month) \$ _____ Source _____ Telephone No: _____

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Name _____ Address _____ Relationship: _____
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PERSONAL PROPERTY

Automobile: Make: _____ Model: _____ Year _____ License # _____ State _____
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Other Vehicles/Boats _____ Model _____ Year _____ License # _____ State _____
Do you own the following: Piano/Organ? ___ Yes ___ No; Water filled furniture? ___ Yes ___ No; Fish Tank or Aquarium? ___ Yes ___ No
PET #1: Type: _____ Size: _____ Weight _____ PET #2: Type: _____ Size: _____ Weight: _____
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