

Riverview Place Rental Application

405 S. 2nd Street, St. Helens, OR 97051 | 503-312-5521 | www.RiverviewPlaceApartments.com

Applicant Information

Name:		Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth:	SSN:	Phone:	
Current address:		Email:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:		Previous Landlord's Phone:	
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Have you ever been evicted?	Do you have any felony convictions?	If yes, please briefly describe on back	
Please list any pets (type/breed/size):			

Employment Information

Current employer:			
Employer address:			How long?
Phone:		Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Emergency Contact

Name of a person not residing with you:	
Relationship:	Phone:

Co-applicant Information

Name:		Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth:	SSN:	Phone:	
Current address:		Email:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:		ZIP Code:	
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Have you ever been evicted?	Do you have any felony convictions?	If yes, please briefly describe on back	

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:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

To apply, drop in the slot on office door or, Email to JJ@RiverviewPlaceApartments.com or Fax to 503-438-7053
Form Date 4/10/2021