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| Riverview Place Rental Application  405 S. 2nd Street, St. Helens, OR 97051 | 503-312-5521 | www.RiverviewPlaceApartments.com | | | | | | | | | |
| Applicant Information | | | | | | | | | |
| Name: | | | | | | | | | Smoke? Yes 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 side. | | | | | | | |
| 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? Yes 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: | | | | | | | | | |
| 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 side. | | | | | | | |
| 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, for immediate attention: Scan and Email to [JJ@RiverviewPlaceApartmentsl.com](mailto:JJ@RiverviewPlaceApartmentsl.com) or   
Fax to 503-438-7053

Form Date 10/9/2023