MANAGER'S , LIST - Visual proof of Drivers License or State I.D. & Social Security # ☐ YES ☐ NO

☐ CO-SIGNER
☐ W/ CURRENT TENANT
☐ MOVE IN SPECIAL
☐ OTHER

MANAGEMENT CO.	COMMUNITY NAME	CONTACT NAME	TELEPHONE #	FAX #
Affinity Group Inc	PM #	Tim	*(503) 412-2404*	*(503) 699-7178*

APARTMENT # _____ RENT $ _____ MOVE IN DATE _____

APPLICATION TO RENT

APPLICANT'S Last Name First Middle	Birthdate	Driver's License # and State	Soc. Sec. #
SPOUSE'S Last Name First Middle	Birthdate	Driver's License # and State	Soc. Sec. #

Names and ages of other occupants	Do you have pets?	Do you have a waterbed?	Do you have waterbed insurance?
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CURRENT RESIDENCE

APPLICANT'S Present Street Address (include apt #) City State Zip	Move-In Date	☐ OWN ☐ RENT	Phone	Monthly Payment
	____ Mo. ____ Yr.		( )	$

Name of ☐ Present Landlord ☐ Mortgage Co. ☐ Apartment Community ☐Other(Specify)	Landlord Day Phone	Landlord Night Phone
	( )	( )

Why are you vacating your current residence?

PREVIOUS RESIDENCE

APPLICANT'S Previous Street Address (include apt #) City State Zip	Move-In Date	Move-Out Date	☐ OWN ☐ RENT	Monthly Payment
	____ Mo. ____ Yr.	____ Mo. ____ Yr.		$

Name of ☐ Previous Landlord ☐ Mortgage Co. ☐ Apartment Community ☐Other(Specify)	Landlord Day Phone	Landlord Night Phone
	( )	( )

SPOUSE'S Previous Street Address (include apt #) City State Zip	Move-In Date	Move-Out Date	☐ OWN ☐ RENT	Monthly Payment
	____ Mo. ____ Yr.	____ Mo. ____ Yr.		$

Name of ☐ Previous Landlord ☐ Mortgage Co. ☐ Apartment Community ☐Other(Specify)	Landlord Day Phone	Landlord Night Phone
	( )	( )

EMPLOYMENT HISTORY

APPLICANT Employed By	Supervisor's Name / C. O.		Hire Date
			_____ Mo. _____ Yr.
Address City State Zip	Phone	Position Held	Salary per ☐ Mo. ☐ Hr.
	( )		
APPLICANT Previous Employment	Supervisor's Name / C. O.		Hire & Term. Dates
Address City State Zip	Phone	Position Held	Salary per ☐ Mo. ☐ Hr.
	( )		
SPOUSE Employed By	Supervisor's Name / C. O.		Hire Date
			_____ Mo. _____ Yr.
Address City State Zip	Phone	Position Held	Salary per ☐ Mo. ☐ Hr.
	( )		

ADDITIONAL INCOME SOURCE	Amount	Frequency	**ADDITIONAL INCOME SOURCE**	Amount	Frequency

CREDIT & LOAN REFERENCES

Auto #1(Make & Model)	License Plate	State	Monthly Payment	Auto #2(Make & Model)	License Plate	State	Monthly Payment
			$				$

Bank or Savings and Loan	Branch	Savings Account #	Checking Account #

ADDITIONAL INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address City State Zip	Phone
			( )
Name of SPOUSE'S Nearest Relative	Relationship	Address City State Zip	Phone
			( )
Emergency Contact	Relationship	Address City State Zip	Phone
			( )
Personal Reference	Relationship	Address City State Zip	Phone
			( )

Have you **ever** filed for bankruptcy?	Describe:	
Applicant ☐ Yes ☐ No Date _____ Spouse ☐ Yes ☐ No Date _____		
Has an eviction **ever** been filed against you?	State/County	Describe:
Applicant ☐ Yes ☐ No Date _____ Spouse ☐ Yes ☐ No Date _____		
Have you **ever** pleaded guilty to, been convicted of, or have pending against you, a criminal charge?	State/County	Describe:
Applicant ☐ Yes ☐ No Date _____ Spouse ☐ Yes ☐ No Date _____		

Affinity Group, Inc., 4800 Meadows Rd., Ste 300, Lake Oswego, OR 97035

NON-REFUNDABLE APPLICATION FEE $55.00

In compliance with State and Federal laws, this is to inform you that an investigation involving the statements made regarding your rental application with this landlord is being initiated. You have the right to dispute the information reported. Direct inquiries to Bemrose Consulting. All or part of the above information may be made available to other services unless this box ☐ is checked. I/We certify that to the best of my knowledge all statements are true and complete. I/We further authorize Bemrose Consulting to obtain credit reports, character reports, verification of rental, employment, and criminal history as necessary to verify all information put forth in the above referenced application process. False, fraudulent, or misleading information may be grounds for denial of tenancy or subsequent eviction.

Signed _____ Applicant Signed _____ Spouse Dated _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy

Signed _____ Landlord Title _____ Dated _____

APPLICANT SCREENING DISCLOSURE AND OCCUPANCY POLICY

Affinity Group Inc. complies with all applicable State and Federal Fair Housing Guidelines. No applicant shall be discriminated against because of race, color, sex, marital status, source of income, familial status, religion or national origin.

OCCUPANCY POLICY

At all times for all properties managed by Affinity Group Inc. there shall be a maximum occupancy limit of two designated occupants per studio unit and two designated occupants per dwelling bedroom, or the maximum occupancy rating set by applicable fire codes and housing codes for the jurisdiction in which the real property is located, whichever is less.

SCREENING CRITERIA

DURATION OF CURRENT EMPLOYMENT

Applicant(s) should possess uninterrupted employment tenure of at least one year. Applicants will be required to demonstrate proof of employment history through employer verification and/or with copies of tax returns, IRS forms 1099 or W-2 wage statements.

INCOME REQUIREMENTS

The verifiable gross income of the applicant(s) must be at least 200% of the specified monthly rental rate.

PRIOR RENTAL HISTORY

Applicant(s) should possess a minimum of one year of continuous positive rental history. All applicants will be required to demonstrate proof of rental history with complete information regarding current and past tenancy relationships.

CREDIT HISTORY

Applicants must demonstrate credit worthiness with no negative credit history and an acceptable credit rating at the discretion of the property owner and/or the property manager showing all accounts current and paid. A bankruptcy will result in a denial of tenancy unless there has been a post-petition showing of three years or more of accounts current and paid, also subject to property owner discretion and consent and/or property manager discretion and consent or denial.

MISCELLANEOUS

Home-based business activity and occupations will not be allowed in rental dwellings without prior written approval of Affinity Group Inc.

Failure to meet any one of the preceding criteria for tenancy or any derogatory information discovered relating to the proceeding criteria for tenancy or any derogatory information discovered relating to the proceeding criteria may result in the denial of tenancy. In some cases, however, the following options may be available to the applicant at the discretion of Affinity Group Inc., to cure an otherwise unacceptable application:

- The applicant may provide an acceptable co-signer (additional financial responsible party) who can meet the employment, credit other screening criteria; and/or
- Payment by the applicant at move-in of an increased security deposit amount to be determined by the property manager and/or the property owner.

REASONS FOR IMMEDIATE DENIAL

- Providing information on the rental application that is false, misleading or inaccurate.
- Any negative rental history reference of any kind, late payments, unpaid balances, or history of eviction or event of forcible entry and detainer (FED) concerning any prior or current tenancy.
- Any conviction for any criminal activity at the discretion of the property owner and/or the property manager, including misdemeanors, felonies, drug related, theft, molestation, and violent crimes of any kind.
- Any applicant whose tenancy could potentially constitute a threat to the health, safety, and/or peaceful enjoyment of other tenants, neighbors, and other individuals or whose residency could result in any disruption or harm to others.
- Any applicant who is not of legal age or legally competent to enter into a binding contract, rental or lease agreement.

_____ _____

Applicant ***Date*** ***Applicant*** ***Date***

Affinity Group Incorporated

(503) 412-2404 *(503) 699-7178, Facsimile*

Affinity Group, Inc., 4800 Meadows Rd., Ste 300, Lake Oswego, OR 97035

APPLICANT SCREENING DISCLOSURE

Applicant(s) Name: _____ Date:_____

Rental Property Address: _____

1. The applicant will pay an application-screening fee of $55.00 when the rental application is submitted to the Property Manager/Landlord. Applicant must pay screening fee by money order or cashiers check.
2. The applicant-screening fee is used by the Property Manager/Landlord for obtaining information regarding the Applicant for the purpose of processing the application.
3. The applicant-screening fee will be charged on the joint or separate status of the applicant credit; in other words, if your credit is recorded jointly with co-applicant then there is only one applicant-screening fee.
4. The applicant screening charge is:
    - Non-refundable. The applicant screening fee will be refunded if the Property Manager/Landlord does not screen your application or fills the vacancy prior to screening your application.
5. The applicant screening will be processed by:
    - Bemrose Consulting,
6. The following will be obtained as part of the applicant screening process:
    - A consumer credit report from:
        1. CBI Equifax, PO Box 740241, Atlanta, GA 30374
        2. Trans Union Corp., PO Box 7000, N. Olmstead, OH 44070
        3. TRW, PO Box 2350, Chatsworth, CA 91313
        4. Any other Credit Reporting Bureau as necessary
    - Verification of tenancy information from current and previous Property Manager/Landlords.
    - Verification of income as provided on rental application.
    - Verification of current and previous employment
    - Personal reference checks
    - Consideration of other non-discriminatory information

If your application is denied based in whole or in part upon information received from a tenant screening service or consumer credit reporting agency report, you shall be notified of that fact by telephone. You will also be notified of the name and address of the service or agency if it differs from what is hereby disclosed.

_____ _____

Applicant Date Applicant Date

Affinity Group Incorporated

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APPLICANT/TENANT ID VERIFICATION

Tenant/Applicant Name: _____ PM#: _____

Address: _____

Driver License/State ID Card: (Photocopy below)

Social Security: (Photocopy below)

Birth date: _____ Verified by: _____(agent initials)

- Photocopies are unavailable, but I have visually checked the Tenant/Applicant ID and it matches the information provided on the application.

Agents Name: _____ Date: _____