

Grants Pass Property Management Inc.

"Let us tend to the details"

295 Jumpoff Joe Ck Rd
Grants Pass, OR 97526

RENTAL APPLICATION

Renters Name _____

Address _____

City _____ State _____ Zip _____

Telephone Numbers:

Home _____ Work _____

Cell _____

Drivers License Number _____ State _____ Exp _____

Social Security Number _____

Birth Date _____

Emergency Contact:

Name _____

Address _____

Telephone _____

I certify the information on this application is correct and hereby authorize inquires you feel necessary for rental consideration and also for Future collection purposes if that becomes necessary. I also understand that my references will be checked including, but not limited to, Landlord(s) & employer(s). I understand that a credit report will be accessed by Grants Pass Property Management, Inc. from Tenant Data I understand that poor credit, references, criminal history or any false information on this application will be reason for Denial of this application or grounds for eviction if discovered after a rental agreement has been executed. I also understand that all questions must be answered for rental consideration. By my signature below I have read, agree with, and will abide by the policies written on the back of this application.

Signature _____ Date _____