

**ACKNOWLEDGMENTS & CERTIFICATIONS**

I acknowledge that I have received the PCRI Rental Information brochure, and that I have read the Application Screening information printed in this application. I certify that all information on this application is accurate and complete to the best of my knowledge. I understand that if any information provided on this application is found to be inaccurate, incomplete, unverifiable or falsified, it shall be cause for denial or subsequent termination of tenancy. I agree and understand that the screening fee is non-refundable if this application is denied; and that the screening charge is forfeited if this application is approved and I choose not to rent housing from PCRI.

I further certify that my signature below authorizes PCRI to make any inquiries necessary to process this application for housing.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**FOR OFFICE USE ONLY**

Date Completed Application Received \_\_\_\_\_ Time \_\_\_\_\_ PCRI Staff \_\_\_\_\_

Denied \_\_\_\_\_ Approved \_\_\_\_\_ Date Applicant Notified \_\_\_\_\_ Bedroom Size \_\_\_\_\_

**UNITS OFFERED**

**DATE**

UNITS OFFERED	DATE
_____	_____
_____	_____
_____	_____

Rental History \_\_\_\_\_ Criminal History \_\_\_\_\_

Credit \_\_\_\_\_ Section 8 \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PORTLAND COMMUNITY REINVESTMENT INITIATIVES, INC.**

**HOUSING APPLICATION**

The Address of the PCRI Property Interested In \_\_\_\_\_

How Did You Hear About PCRI? \_\_\_\_\_

**HEAD OF HOUSEHOLD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Other ID \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Date Hired \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

Previous Employer & Address \_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

**CURRENT HOUSEHOLD DATA**

Number of Persons in Household: Adults? \_\_\_\_\_ Minors? \_\_\_\_\_ Number of bedrooms? \_\_\_\_\_

Current Monthly Rent \$ \_\_\_\_\_

Why Do You Wish To Move? \_\_\_\_\_

\_\_\_\_\_

Have you been evicted in the past 10 years? If yes, when/reason: \_\_\_\_\_

\_\_\_\_\_

Have you filed bankruptcy in the past 10 years? If yes, when: \_\_\_\_\_

Have you or any other person who will be occupying the unit ever been convicted of, pled guilty or no contest to any felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Have you ever moved in an unauthorized occupant? If yes, when/reason \_\_\_\_\_

\_\_\_\_\_

IF YOU NEED ADDITIONAL SPACE FOR ANY SECTION OF THIS APPLICATION, REQUEST PAPER FROM PCRI STAFF.

**ADDITIONAL HOUSEHOLD MEMBERS (List ALL other persons who will live with you.)**

NAME	SOCIAL SECURITY #	DATE OF BIRTH	AGE	SEX	RELATIONSHIP TO HEAD OF HOUSEHOLD	EMPLOYER OR OTHER SOURCE OF INCOME	GROSS MONTHLY INCOME
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Gross Household Income: Monthly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_

If you receive any of the following; indicate how much you receive per month. Food Stamps: \$ \_\_\_\_\_ Section 8: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_ Source \_\_\_\_\_

Type and number of pets that will live with you? \_\_\_\_\_ Will you have: Aquarium? \_\_\_\_\_ Water Bed(s)? \_\_\_\_\_ Piano/Organ? \_\_\_\_\_

**RENTAL HISTORY (at least 5 years previous rental history required)**

Current Address w/zip code	Landlord's Address	Current Landlord's Name	Telephone	You Lived Here
				from: _____ MONTH YEAR to: _____ MONTH YEAR
Your Previous Address	Landlord's Address	Previous Landlord's Name	Telephone	You Lived Here
				from: _____ MONTH YEAR to: _____ MONTH YEAR
				from: _____ MONTH YEAR to: _____ MONTH YEAR
				from: _____ MONTH YEAR to: _____ MONTH YEAR
				from: _____ MONTH YEAR to: _____ MONTH YEAR

PERSONAL REFERENCES			
NAME _____	PHONE _____	RELATIONSHIP _____	KNOWN HOW LONG _____
NAME _____	PHONE _____	RELATIONSHIP _____	KNOWN HOW LONG _____
NAME _____	PHONE _____	RELATIONSHIP _____	KNOWN HOW LONG _____

**PLEASE READ THE FOLLOWING CAREFULLY**

PCRI does not discriminate based on race, color, religion, national origin, familial status, disability, or legal source of income. We comply with all federal, state, and local laws concerning discrimination. A current list of properties is available through our office

CREDIT REFERENCES			
Bank _____	Branch _____	Account # _____	
Bank _____	Branch _____	Account # _____	
IS CREDIT JOINT OR INDIVIDUAL? _____			
Creditor _____	Monthly Payment \$ _____	Balance Owed \$ _____	
Creditor _____	Monthly Payment \$ _____	Balance Owed \$ _____	
Creditor _____	Monthly Payment \$ _____	Balance Owed \$ _____	