



ASSOCIATED CREDIT SYSTEMS, INC
711 EAST MAIN STREET #24
MEDFORD, OR 97504
(800) 460-3117 * (541) 734-7055 * FAX (800) 460-3935
www.associated-credit.com

Application to Rent

Property Name:		Manager / Rental Agent:			Lease: <input type="checkbox"/> 6 mo. <input type="checkbox"/> 1 yr <input type="checkbox"/> Month to Month	
Property Address:		Unit #:	City:	State:	Zip Code:	
Phone: () ()	Fax: () ()	Rent: \$	Deposit: \$	Move in date:		

Use Separate Application for each Applicant, except for Spouse

APPLICANT INFORMATION:

Drivers License or Photo ID Required -Incomplete or false information may result in DENIAL of application.

Last Name:		First Name:	Middle Name:	SSN:		
Driver's License #:		State:	Expires:	Date of Birth:		
Address on Drivers License:			City:	State:	Zip Code:	

SPOUSE INFORMATION

Drivers License or Photo ID Required -Incomplete or false information may result in DENIAL of application.

Last Name:		First Name:	Middle Name:	SSN:		
Driver's License #:		State:	Expires:	Date of Birth:		
Address on Drivers License:			City:	State:	Zip Code:	

RESIDENCE HISTORY

Incomplete or false information may result in DENIAL of application.

Present Address:		Apt.#:	City:	State:	Zip Code:	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Other: _____						
Current Phone #: () ()		Monthly Payment:	How Long at Current Address: _____ to _____ Dates:			
Landlord Name:		City:	State:	Daytime Phone: () ()	Evening Phone: () ()	
Reason for moving:						
Previous Address:		Apt.#:	City:	State:	Zip Code:	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Other: _____						
How Long at Previous Address? Dates: _____ to _____						
Landlord Name:		City:	State:	Daytime Phone: () ()	Evening Phone: () ()	
Reason for moving:						

APPLICANTS EMPLOYMENT

Paycheck stubs, tax returns or letter of hire may be required.

Current Employer:			Phone: () ()			
Address:			City:	State:		
Position:	Supervisors Name:	Monthly Salary:	Employment Dates: _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self Empl.		
Previous Employer:			Phone: () ()			
Address:			City:	State:		
Position:	Supervisors Name:	Monthly Salary:	Employment Dates: _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self Empl.		

