102

APPLICATION TO RENT

○ Check here if Application to Co-Sign

Rental Address _____ Unit # _____

Date: ___ ___ ___ Time: _____ Move-in Date: ___ ___ ___ Photo I.D.? _____ # of Units Available _____

APPLICANT INFORMATION

Applicant Name: _____ Telephone: _____
First Middle Last

E-mail Address: _____ Cellular: _____

SSN #: _____ Birth Date: ___ ___ ___ Driver's License, State and #: _____

- **Current Address:** _____ #_____ City: _____ State: _____ Zip: _____
  Since: ___ ___ ___ Why are you moving? _____
  Current Landlord: _____ Rent Amount $_____ Telephone: _____
- **Previous Address:** _____ #_____ City: _____ State: _____ Zip: _____
  From: ___ ___ ___ To: ___ ___ ___ Why did you move? _____
  Previous Landlord: _____ Rent Amount $_____ Telephone: _____
- **Previous Address:** _____ #_____ City: _____ State: _____ Zip: _____
  From: ___ ___ ___ To: ___ ___ ___ Why did you move? _____
  Previous Landlord: _____ Rent Amount $_____ Telephone: _____
- **Previous Address:** _____ #_____ City: _____ State: _____ Zip: _____
  From: ___ ___ ___ To: ___ ___ ___ Why did you move? _____
  Previous Landlord: _____ Rent Amount $_____ Telephone: _____

Have you ever: Been Evicted? ○ Yes ○ No; Been sued by a Landlord? ○ Yes ○ No; Filed Bankruptcy? ○ Yes ○ No; Been convicted, or pleaded guilty or no contest to a crime? ○ Yes ○ No; If you checked yes to the previous question you have the right to individualized assessement. If you checked yes to any of the previous questions please explain what occured and when it occurred: _____

EMPLOYMENT/INCOME

○ **Current** ○ **Previous Employer:** _____ How Long? _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Telephone: _____
Job Title: _____ Gross (per month): $ _____ ○ Full-time ○ Part-time

○ **Current** ○ **Previous Employer:** _____ How Long? _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Telephone: _____
Job Title: _____ Gross (per month): $ _____ ○ Full-time ○ Part-time

○ **Current** ○ **Previous Employer:** _____ How Long? _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Telephone: _____
Job Title: _____ Gross (per month): $ _____ ○ Full-time ○ Part-time

Other Income (per month): $_____ Source: _____ Telephone: _____
Other Income (per month): $_____ Source: _____ Telephone: _____

REFERENCES

- **Emergency Contact:** _____ Telephone: _____
  Name Address Relationship
- **Personal Reference:** _____ Telephone: _____
  Name Address Relationship
- **Personal Reference:** _____ Telephone: _____
  Name Address Relationship

PROPERTY

- **Automobile** Make: _____ Model: _____ Year: _____ License#: _____ State: _____
- **Automobile** Make: _____ Model: _____ Year: _____ License#: _____ State: _____
- **Other Vehicles/Boats:** _____ Model: _____ Year: _____ License#: _____ State: _____

Do you own: Water-Filled Furniture: ○ Yes ○ No Fish Tank or Aquarium? ○ Yes ○ No

PET #1
Type: _____ Size: _____ Weight: _____
Has the Pet ever injured anyone or damaged anything? ○ Yes ○ No

PET #2
Type: _____ Size: _____ Weight: _____
Has the Pet ever injured anyone or damaged anything? ○ Yes ○ No

Comments & Explanations from Applicant: _____

PREVIEW ONLY

BANK

- **Bank**: _____ Branch: _____ Checking Account #: _____
- **Bank**: _____ Branch: _____ Savings Account #: _____

HOUSEHOLD

For identification purposes only, please list names and dates of birth for all persons that will be occupying the unit.

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

RENTAL CHARGES, FEES AND DEPOSITS DISCLOSURE

Monthly Rent: $ _____ **Security Deposit:** $ _____ **Last Month's Rent Deposit:** $ _____

Additional Security Deposit for Pet $_____ **Additional Rent (Pet)** $ _____

*The above deposits may be increased in the rental agreement, if (a) the applicant does not meet all screening criteria, (b) the Landlord agrees to approve the application, subject to the payment of additional deposits, and (c) the applicant agrees to sign a rental agreement containing the additional deposits.

NON-REFUNDABLE FEES: (Check all that apply)

◯ Late Charge of $_____ or $_____ per day (until the end of the month) or $_____ every five days (until the end of the month)

◯ Smoke alarm, smoke detector or carbon monoxide alarm tampering fee of $_____

◯ Dishonored Check Fee: $35.00 plus any charges bank imposes on Landlord

◯ Early lease termination (May not exceed 1½ times the monthly rent) of $_____

◯ $_____($50.00 if left blank*) for late payment of utility or service charge that is paid directly to the Landlord (per occurrence)

◯ $_____($50.00 if left blank*) for failure to clean up pet, service or companion animal waste, garbage, rubbish or other waste from outside of the dwelling unit (per occurrence)

◯ $_____($50.00 if left blank*) for improper use of vehicle within the premises (per occurrence)

◯ $_____($50.00 if left blank*) for parking violations (per occurrence)

*Note: The foregoing noncompliance fees apply to a second violation and may not exceed $50.00. Third or subsequent violations will result in a non compliance fee, not to exceed $50.00, plus 5% of the rent. Third or subsequent violations will result in a noncompliance fee of $_____($50.00 if left blank) plus 5% of the rent.

◯ $_____($250.00 if left blank) for keeping on the Premises an unauthorized pet capable of causing damage to persons or property, as described in ORS 90.405. This noncompliance fee only applies to a second or any subsequent violation and may not exceed $250.00.

◯ $_____($250.00 if left blank) for smoking in a clearly designated nonsmoking unit or area of the Premises. This noncompliance fee only applies to a second or any subsequent violation and may not exceed $250.00.

Check If Applicable: ◯ The Landlord requires tenant to obtain and maintain renter's liability insurance in the amount of $ _____ (if left blank, $100,000.00). Landlord may require proof of insurance prior to entering into a written rental agreement. Tenant is not required to obtain renter's liability insurance if Tenant's household income is less than 50% of the median income for the area adjusted for family size and determined by the State Housing Council or the dwelling unit occupied by Tenant has been subsidized with public funds except housing assistance payments not tied to the dwelling unit, such as under 42 U.S.C. 1437f (e.g.Section 8).

Screening Fee $_____ (If paid, Applicant acknowledges receiving a copy of Landlord's applicant screening guidelines, and has been told the number of units available or that will be available in the near future for rent in the area and of the type sought by the Applicant and the number of applications accepted and under consideration for those units). _____ **Applicant Initials**

APPLICATION DISCLOSURES

NOTICE:

Tenant Screening Entails the following (check all that apply):

◯ Tenant Screening Service
◯ Credit Reporting
◯ Public Records Search
◯ Rental History Verification
◯ Employment Verification
◯ Personal Reference Verification

I hereby certify that the information given to evaluate my application for tenancy is correct and complete. I authorize you to make any and all inquiries you feel necessary to evaluate my application for housing including, but not limited to, a Credit Report, Eviction Report and Criminal Report. I further understand that any false or incomplete information is grounds for immediate rejection of this application. I also understand that I have the right to dispute the accuracy of information provided by the tenant screening service or credit reporting agency who will be contacted for information concerning this application.

_____
Applicant Date

EQUAL HOUSING OPPORTUNITY
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PREVIEW ONLY