102(04/16)

APPLICATION TO RENT

O Check here if Application to Co-Sign

Time:			to I.D.?	# of Units Available .	TLLIANC EST 1927	
:First						
First				Telephone:		
				Cellular:		
dlord:			Rent Amount \$	Telephone:		
ldress:			# City:	State:	Zip:	
To:	Why did you move	?	Don't Amount &	Talambanas		
				•		
• Previous Address: Why did you n		ove?#	# City:	State:	Zip:	
ndlord:			_ Rent Amount \$	Telephone:		
dress:			# City:	State:	Zip:	
To:	Why did you move	?	Pout Amount C	Talambanas		
:				Telephone:		
			**	•		
			VI /			
Contact:				Telenhon	e:	
				Relationship	e:	
	Ado	dress		Relationship	e:	
Name	Ado	dress		Relationship	c	
Make:		Model:	Year: _	License#:	State:	
Make:		Model:	Year: _	License#:	State:	
					State:	
	a: O Vac O No	Fish T	ank or Aquarium? O Yes	O No		
ater-Filled Furniture	s. O les O No					
			PET #2	C!	Waielet	
	_ Size: Weight: .r damaged anything? O Ye		Туре:	Size: ured anyone or damaged an		
	Idress: Why are youndlord: To: andlord: To:	Idress: Why are you moving? Idress: To: No: Why did you move andlord: Idress: To: To: Why did you move andlord: Idress: To: No: Why did you move andlord: Why did you move andlord: Been Evicted? O Yes O No; Been sued by a antest to a crime? O Yes O No; If you checked Previous Employer: Previous Employer: To: Previous Employer: To: Name Add Make: Name Make: Make: Make:	Idress: Why are you moving?	My are you moving?	Telephone:	

¥	• Bank:	Branch:	Checking	Account #:				
BANK	• Bank:	Branch:	Savings	Account #:				
<u> </u>	For identification purposes only, please list names and dates of birth for all persons that will be occupying the unit.							
로	Name	Date of Birth	Name	Date of Birth				
HOUSEHOLD	Name	Date of Birth	Name	Date of Birth				
I	Name	Date of Birth	Name	Date of Birth				
	Monthly Rent: \$	Security Deposit: \$		Last Month's Rent Deposit: \$				
	*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 \$_50.00 every five days (until the end of the month)							
	Smoke alarm, smoke detector or carbon monoxide alarm tampering fee of \$\frac{250.00}{250.00}							
SO	Starty lease termination (May not exceed 11/4 times the monthly rent) of \$ 1.5x rent							
<u>S</u>	& Larly lease termination (riay not exceed 1/2 times the monthly fent) of \$\pi\$							
	⊗ \$ 50 (\$50.00 if left blank*) for late payment of utility or service charge that is paid directly to the Landlord (per occurrence)							
DEPOSITS								
E 20	(\$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)							
FEES AND	*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.							
RENTAL CHAF	\$(\$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.							
	blank, \$100,000.00). Landlord may recliability insurance if Tenant's household i	puire proof of insurance prior to ent ncome is less than 50% of the medi by Tenant has been subsidized with p	ering into a written renta an income for the area ad	ce in the amount of \$100,000.00 I agreement. Tenant is not required to obtiguisted for family size and determined by the ng assistance payments not tied to the dwel	tain renter's e State Hous-			
	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							
	·	ose units) Applica	nt Initials					
S	NOTICE: Tenant Screening Entails the following	ng (check all that apply):						
	Tenant Screening Service							
SUR	⊗ Credit Reporting ⊗ Public Records Search							
9	Rental History Verification							
SSI	© Employment Verification							
Z	⊗ Personal Reference Verification							
ATIC	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							
APPLICATION DISCLOSURES								
	this application.							