

RENTAL APPLICATION

OWNER/AGENT TO COMPLETE

Property Address:

Date received:

Time received

a.m.

p.m.

Picture identification?

Yes

No

Type of identification?

PERSONAL INFORMATION

Applicant's Name:

Cell Phone:

E-mail Address:

Work Phone:

Driver's License:

Alternate Ph:

Date of Birth:

Social Security#:

Current Address:

Since:

Why are you moving?

Current Landlord:

Rent Amount: \$

E-mail Address:

Telephone:

Previous Address:

From

to

Why did you move?

Previous Address:

E-mail Address:

Telephone:

HOUSEHOLD MEMBERS:

List all occupant that will be moving in with you including children and yourself.

Legal Name	Date of Birth	Social Security	Relationship to Head

INCOME HISTORY

Source of Income:

Current Employer:		How Long?
Job Title:	Full - Time	Part - time
Rate per hour \$	Take home pay per month \$	
Name of Supervisor:		Fax#
Telephone #	E-Mail	

Other Source of Income:

Social Security Income:\$	Disability Income: \$
Child Support:\$	Alimony Support: \$
Pension \$	Self-employment:\$
Other Source of Income: \$	

Previous Employer:

Previous Employer:		How Long?
Job Title:	Full - Time	Part - time
Rate per hour\$	Take home pay per month \$	
Name of Supervisor:		Fax#
Telephone#	E-Mail	

PERSONAL PROPERTY

Number of Vehicles

Automobile : Make	Model	Year	License #	State

Do you own the following:

Water-filled furniture?	Yes	No
Fish Tank or Acquarium ?	Yes	No
Trampoline?	Yes	No

REFERENCES

Personal/Professional Reference:

Name:	Phone #:
Relationship:	Work Phone#:
Name:	Phone #:
Relationship:	Work Phone#:

Contact Person in the Event of Emergency:

Name:	Relationship:
Address:	
Cellphone#:	Work Phone#:
Alternate Phone:	Email:

APPLICANT GENERAL INFORMATION

YES	NO	Have you ever:
		Been sued by Landlord?
		Have you ever refused to pay rent for any reason?
		Have you ever broke a lease?
		Have you been evicted or asked to leave a rental unit?
		Do you have Pets?
		Did your pet injured or damaged anything?
		Do you have service or companion animal?
		Did your service or companion animal injured or damaged anything?
		Currently have any utilities in your name?
		Is there anything to prevent you from placing utilities in your name?
		Will you give us permission to do criminal background check?
		Do you have outstanding past due payment obligations?
		Do you have past due collections account?
		Do you smoke cigarettes?
		Do you smoke Cigars?
		Do you smoke pipes?
		Do you have renter's insurance?
		Do you require unit with special feature?
		Grab Rails
		No Stairs
		Wheelchair Accessible
		Been Convicted or plead guilty or no contest, to a crime?If yes to any of these, please explain.
		Filed Bankruptcy? If yes, When?
		Do you agree to notify the management of any changes in family arrangements during the course of your tenancy?

		Do you give owner or Agent permission to contact references listed above both now and in the future for rental consideration or for collection purposes should be they deemed necessary?
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Applicant's Signature:

Date:

If applicant's signature is missing, application is considered incomplete.

By signing below, applicant(s) hereby represents all informations on this application is true, complete and hereby authorizes annual vereification of information, reference, and credit history for continual rental consideration or for collection purposes should that become necessary. Applicants this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and subsequent rental agreement becomes void. False and misleading statement will be sufficient reason for immediate eviction and loss of security deposit.

I (We) certify that I (We) are not manufacturing, using, storing, or selling dangerous controlled substances, and understand that I (We) will immediately require to vacate the premises if evidence of such is found on the premises or if I (We) are convicted of any crimes related to possession and distribution of dangerous controlled substances.

I (We) hereby authorize Medford Better Housing, Inc. to inquire with a credit association to check my(our) credit and criminal record(s). If I am (we are) disqualified from renting an apartment or a house because of such information I am (we are) can view said report at the Medford Better Housing Office.

Applicant's Signature:

Date:

If any of the signature is missing, application is considered incomplete and will not be processed.

CO-APPLICANT'S PERSONAL INFORMATION

Co-Applicant's Name:		Cell Phone:
E-mail Address:		Work Phone:
Driver's License:		Alternate Ph:
Date of Birth:		Social Security#:
Current Address:		
Since:	Why are you moving?	
Current Landlord:	Rent Amount: \$	
E-mail Address:	Telephone:	
Previous Address:		
From	to	Why did you move?
E-mail Address:	Telephone:	

CO-APPLICANT INCOME HISTORY

Source of Income:

Current Employer:		How Long?
Job Title:	Full - Time	Part - time
Rate per hour \$	Take home pay per month \$	
Name of Supervisor:		Fax #
Telephone #	E-Mail	

Other Source of Income:

Social Security Income:\$	Disability Income: \$	
Child Support:\$	Alimony Support: \$	
Pension \$	Self-employment: \$	
Other Source of Income: \$		
Previous Employer:		How Long?
Job Title:	Full - Time	Part - time
Rate per hour \$	Take home pay per month \$	
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CO-APPLICANT PERSONAL PROPERTY

Number of Vehicles

Automobile : Make	Model	Year	License #	State

Do you own the following:

Water-filled furniture?	Yes	No
Fish Tank or Aquarium ?	Yes	No
Trampoline?	Yes	No

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CO-APPLICANT GENERAL INFORMATION

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		Been sued by Landlord?
		Have you ever refused to pay rent for any reason?
		Have you ever broke a lease?
		Have you been evicted or asked to leave a rental unit?
		Do you have Pets?
		Did your pet injured or damaged anything?
		Do you have service or companion animal?
		Did your service or companion animal injured or damaged anything?

YES	NO	
		Currently have any utilities in your name?
		Is there anything to prevent you from placing utilities in your name?
		Will you give us permission to do criminal background check?
		Do you have outstanding past due payment obligations?
		Do you have past due collections account?
		Do you smoke cigarettes?
		Do you smoke Cigars?
		Do you smoke pipes?
		Do you have renter's insurance?
		Do you require unit with special feature?
		Grab Rails
		No Stairs
		Wheelchair Accessible
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Co-Applicant's Signature:

Date:

If any of the signature is missing, application is considered incomplete and will not be processed.

Thank you for completing this application to rent from us. Please note that a completed application requires submission of the following which will be copied and attached to this application.

- 1) Social Security Card, Driver's license or sheriff's picture ID. Note: Rental will not be without ID.
- 2) If you are not a U.S Citizen here, we must also see your Alien Registration Card.
- 3) Submit any proof of income.
- 4) Two (2) weeks of most current pay stubs of each income source listed, optional.
- 5) If self-employed, most current schedule C tax return and proof of current income.
- 6) We will accept the first qualified applicant.

STEPS TO BECOME A RESIDENT:

- 1) Everyone 18 years old or older who will live in the unit must fill out a complete application. Owner/Agent may obtain a credit report, or a tenant screening report which generally consists of: a) Credit history including credit report: b) Public records, including but not limited to judgements, liens, evictions and status of collection accounts; c) Current obligations and credit ratings; and/or d) Criminal records or other information verification.
- 2) Pay your non-refundable credit/screening fee of \$40.00 when appropriate. This application is valid for up to 60 days from date of receipt by Owner/Agent.
- 3) Be prepared to wait at least 1-10 business day(s) for the application verification process.
- 4) If all information we need are gathered completely, we will call for interview schedule.
- 5) You will be required to be screened to meet the final resident screening criteria.
- 6) Once approved, applicant must pay the security deposit to hold the unit for a maximum of two weeks at which time a signed rental agreement and rents will be required.
- 7) Sign a Lease agreement and the Project Rules and Regulations in which you agree to abide by all rules and regulation. You are encourage to read the Lease and Rules prior to signing.
- 8) Pay the first month's prorated rent in advance.
- 9) Immediately have utilities turned on and placed in your name.
- 10) The Management and occupant certify that each has inspected the unit and have determine the unit to be decent, safe, and sanitary, prior to the occupancy of the unit.
- 11) If the mail receptacle associated with the dwelling unit is a locking type. Tenant(s) are solely responsible for the fees charged by the Postmaster the re-keying of the box should a key

not be provided by the Owner/Agent, or if the mail box has not been re-keyed between tenancies.

OWNER /AGENT MAY CHARGE THE FOLLOWING:

- 1) Late payment of rent charge
- 2) Smoke alarm and carbon monoxide alarm tampering fee of \$250.00.
- 3) Dishonored check fee of \$35 plus amount charged by Bank.
- 4) Early termination of lease fee not to exceed 1-1/2 times the monthly rent, or actual damages at the option of Owner/Agent.
- 5) Owner/Agent may charge the following non-compliance fees after giving a written warning notice of initial violation if noncompliance occurs within one year: \$50 fee for 2nd violation, and \$50 plus 5% of current rent for each subsequent violation. 1. Failure to clean up animal waste, garbage, rubbish or other waste. 2. Parking violation or other improper use of vehicle.
- 6) Owner/Agent may charge a fee for keeping on the premises an unauthorized pet capable of causing damage. Fee may be assessed for repeat violations that occur as early as 48 hours after the effective date of written warning notice, and for each subsequent violation within one year of issuance of written warning. Fee not to exceed \$250.00 per violation.
- 7) Owner/Agent may charge a fee for smoking/vaping in a clearly designated non-smoking/vaping unit or area of the premises. Fee may be assessed for repeat violations that occur as early as 24 hours after the effective date of a written warning notice, and for each subsequent violation within one year of issuance of written warning. Fee not to exceed \$250 per violation.

LIST OF APARTMENT PROJECTS WE MANAGE

PROJECT NAME	ADDRESS	# OF UNITS
CHIEF TYEE APARTMENTS	102 GARFIELD ST. ASHLAND, OREGON 97520	32
EASTWOOD LIVING GROUP	636 NORTHWOOD DR., MEDFORD, OR. 97504	40
JOHNSTON MANOR APTS.	607 PARK ST., ASHLAND, OREGON 97520	17
JULIA ANN APARTMENTS	1050 SPRING ST., MEDFORD, OR. 97504	58
NORTHWOOD APTS.	777 NORTHWOOD DR., MEDFORD, OR 97504	36
T'MORROW APARTMENTS	1377 MORROW RD., MEDFORD, OR 97504	36

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW It is illegal to Discriminate any Person of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin or Age.



MEDFORD BETTER HOUSING ASSOCIATION, INC.

P.O BOX 4734, MEDFORD OREGON 97504
1118 SPRING STREET, MEDFORD OREGON 97504
Email: mbh5055@live.com

PH (541) 772-4180
(541)-773-3896
FAX (541) 772-4199
Assistance Phone TTY 711

RENTAL REFERENCE REQUEST

Previous Landlord's Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
Or Email: _____
Name of Applicant: _____
Address Rented: _____

The above applicant has applied for an apartment. The applicant has authorized release of their history. We ask your cooperation in providing the following information and fax, e-mail it or mail it back to Medford Better Housing Association. If you have any questions, please call (541) 772-4180.

I hereby authorize the release of requested information below.

Applicant's Name: _____ Phone Number: _____
(Printed Name)
Signature: _____ Date: _____

Landlord's Only	Yes	No	How many	General comments
Did the tenant give proper notice to vacate?				
Tenant still reside there?				
Is the tenant on the rental agreement?				
Is the tenant sharing the unit with co-tenant?				
Did Tenant pay rent when due?				
Any late payment?				
Any NSF checks?				
Issued 72 Hour Notice for non-payment of rent?				
Did landlord ever ask the tenant to vacate?				
Any documented complaints about the tenant?				
Any documented damages?				
Any unauthorized pets?				
Is tenant liable for any unpaid amount?				
Was there a deposit refund?				
Would you re-rent to this tenant?				

Move in Date: _____ Rent Amount: \$ _____ Move out Date: _____

I certify that the above information is true and correct.

Landlord (Printed Name): _____ Signature: _____

Phone Number: _____ Best Time to call: _____ Date: _____

Relationship to tenants: Relative: Landlord: Friend:



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EMPLOYMENT VERIFICATION

Name of Employer: _____

Address of Employer: _____

Phone Number: _____ Fax Number: _____

Email: _____

Re: _____ SSN: _____

Applicant/Tenant Name

RELEASE: I hereby authorize the release of the requested information below.

Signature: _____ Date: _____

Dear Sir or Madam,

_____ has applied to rent one of our rentals and has given your name as his/her employer.

To verify the information he/she has given to us on the rental application, can you please supply us with the needed information below? Please Fax or I have enclosed a self-address envelope for your convenience.

Thank you for your cooperation.

Sincerely,

Project Representative
Medford Better Housing

Job Title of Applicant: _____

Full- time: _____ Permanent: _____

Salary \$ _____ Weekly _____ Monthly _____

How long employed? _____

Name _____ Title _____

Phone Number _____ Date _____



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