



APPLICATION TO RENT



Physical Address: 1585 Siskiyou Blvd. Medford, OR Office: 541-245-8811 Fax: 541-245-1108

Mailing Address: PO Box 1337, Medford, OR 97501 Email: rent@allcitiesprop.com

Web address: www.allcitiesprop.com

Property Address: _____

Date Received: _____ Time Received: _____

No marijuana, medical or otherwise, may be grown, stored or consumed on the premises without the prior written consent of Owner/Agent.

RENT, DEPOSIT AND FEE DISCLOSURE (Amounts listed below may be subject to change before rental agreement is executed)

Monthly Rent: \$ _____ Security Deposit: \$ _____ Add'l Security Deposit: \$ _____

Late Charge: \$60

Early Lease Termination Fee: Not to exceed 1 ½ times monthly rent Smoke Alarm/Carbon Monoxide Tampering Fee \$250.00

Dishonored check fee: \$35.00 + bank charges

Non-Compliance Fee: Not to exceed \$50 per non-compliance (Late payment of utility, Failure to clean up pet waste, Parking violation, smoking in a clearly designated non-smoking area of the premises, and unauthorized pet)

Renters Insurance Required ☐ Yes ☐ No

PERSONAL INFORMATION

Applicant Name: _____

Email Address: _____ Cell Phone #: _____ Home Phone# _____

Date of birth: _____ Driver's License #/State: _____ Social Security #: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____ Date you moved in: _____

Current Landlord Name: _____ Landlord Phone #: _____

Landlord Address: _____

Applicant Previous Address: _____

City: _____ State: _____ Zip: _____ From: _____ to _____

Former Landlord Name: _____ Landlord Phone # _____

Landlord Address: _____

EMPLOYMENT/INCOME

Current Employer: _____ **How Long?:** _____

Supervisor: _____ **Telephone #:** _____ **Full-time** ____ **Part-time** ____

Job Title _____ **Gross Pay \$** _____

Former Employer: _____ **How Long?:** _____

Supervisor: _____ **Telephone #:** _____ **Full-time** ____ **Part-time** ____

Job Title _____ **Gross Pay \$** _____

Other Income \$ _____ **Source:** _____

Other Income \$ _____ **Source:** _____

REFERENCES

Personal Reference: _____ **City/State:** _____ **Phone#:** _____

Personal Reference: _____ **City/State:** _____ **Phone#:** _____

Emergency Contact: _____ **Telephone #:** _____

OTHER

Have you been Evicted? ____ **Yes** ____ **No** **If Yes, Date:** _____

Have you served in the Military? ____ **Yes** ____ **No** **Currently Active?** ____ **Yes** ____ **No**

Have you or any other person who will be occupying the unit ever been convicted, or pled guilty or no contest to, any felony or misdemeanor? ____ **Yes** ____ **No** **Who?** _____ **When?** _____ **What?** _____

Do you have any pets? ____ **Yes** ____ **No** **How many?** _____ **Type/Breed:** _____ **Weight:** _____

Will you require a reasonable accommodation? ____ **Yes** ____ **No** **Explain:** _____

Do you intend on parking any vehicles other than automobiles on or in the premises? If yes, what? _____

Why are you vacating your present place of residence? _____

How many people will be residing in the unit? ____ **Over 18** ____ **Under 18**

Have you given legal notice where you live now? ____ **Yes** ____ **No**

I certify that the above information is correct and complete and hereby authorize you to do a credit check and many any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is ground for termination of tenancy. **I have received and read the Owner/Agent's rental screening guidelines.**

Applicant: _____ **Date:** _____ **Picture ID Verified:** ____

Owner/Agent: _____ **Date:** _____