

OWNER/AGENT TO COMPLETE

Property Address: _____
Date received: _____ Time received: _____ ☐ a.m. ☐ p.m.

_____ # of units available (of the type and in the area) that will be available for rent in the near future by this owner.
_____ # of applications previously accepted and remaining under consideration for those units.
(If left blank, at least one unit is available and no previously accepted applications currently under consideration have been accepted.)

Examined picture identification? ☐ Yes ☐ No Type of identification? _____

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

Monthly Rent: \$ _____ Security Deposit: \$ _____ Other Deposit: \$ _____
DEPOSITS MAY INCREASE IF APPLICANT IS UNABLE TO MEET ONE OR MORE OF OWNER/AGENT'S SCREENING CRITERIA.

☐ If checked, Renter's Insurance is required – Tenant is required to maintain minimum of \$100,000 Renter's Insurance and list Owner/Agent as Interested Party. If Tenant(s) combined household income falls at or below 50% of the median for the area, Renter's Insurance may not be required.

Owner/Agent may charge the following:

- Late payment of rent charge of \$ _____.
- Smoke alarm and carbon monoxide alarm tampering fee of \$250.
- Dishonored check fee of \$35 plus amount charged by bank.
- Early termination of lease fee not to exceed 1-1/2 times the monthly rent, or actual damages at the option of Owner/Agent.
- Owner/Agent may charge the following non-compliance fees after first 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.
- Owner/Agent may charge a fee for keeping on the premises an unauthorized pet capable of causing damage, that is not removed within 48 hours of written warning notice. Fee not to exceed \$250 per violation.
- 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 notice. Fee not to exceed \$250 per violation.

PERSONAL INFORMATION

Applicant Name: _____ Telephone: () _____ - _____
First Middle Last

Email Address: _____ Cellular Number: () _____ - _____

S.S. #: _____ Birth Date: _____ Driver's License, State and #: _____

- 1) Current Address: _____ City: _____ State: _____ Zip: _____
Since: _____ Why are you moving? _____
Current Landlord: _____ Rent Amount \$ _____ Telephone: () _____ - _____
- 2) Previous Address: _____ City: _____ State: _____ Zip: _____
From _____ to _____ Why did you move? _____
Previous Landlord: _____ Telephone: () _____ - _____
- 3) Previous Address: _____ City: _____ State: _____ Zip: _____
From _____ to _____ Why did you move? _____
Previous Landlord: _____ Telephone: () _____ - _____

Have you ever: Been Evicted? ☐ Yes ☐ No; Been sued by Landlord? ☐ Yes ☐ No; Filed Bankruptcy? ☐ Yes ☐ No; Been convicted, or plead guilty or no contest, to a crime? ☐ Yes ☐ No If yes to any of these, please explain: _____

Do you intend to bring any animals onto the property? ☐ Yes ☐ No
If yes, do any of the animals require a reasonable accommodation? ☐ Yes ☐ No

Animal #1 - Type: _____ Size: _____ Weight: _____ Ever injured anyone or damaged anything? ☐ Yes ☐ No
Animal #2 - Type: _____ Size: _____ Weight: _____ Ever injured anyone or damaged anything? ☐ Yes ☐ No

OUTSTANDING DEBTS – Please list below all outstanding past due payment obligations and/or collections accounts.

BANK INFORMATION

1) Bank:

Branch:

Checking Account #:

2) Bank:

Branch:

Savings Account #:

3) Bank:

Branch:

Type/Account #:

EMPLOYMENT/INCOME

1) Current Employer:

How Long?

Supervisor:

Telephone: () -

Job Title:

Take home pay (per month): \$

☐ Full-time

☐ Part-time

2) Previous Employer:

How Long?

Supervisor:

Telephone: () -

Job Title:

Take home pay (per month): \$

☐ Full-time

☐ Part-time

Other Income (per month): \$

Source:

Telephone: () -

Other Income (per month): \$

Source:

Telephone: () -

REFERENCES

1) Relative:

Telephone: () -

2) Emergency Contact:

Telephone: () -

3) Personal Reference:

Telephone: () -

PERSONAL PROPERTY

1) Automobile: Make

Model

Year

License #

State

2) Automobile: Make

Model

Year

License #

State

3) Other: Vehicles/Boats

Model

Year

License #

State

Do you own the following: Trampoline? ☐Yes ☐No Water-filled furniture? ☐Yes ☐No Fish Tank or Aquarium? ☐Yes ☐No

MEMBERS OF HOUSEHOLD

For purposes of identification only, please list names and either ages or dates of birth of other persons to occupy unit:

APPLICANT SCREENING CHARGE DISCLOSURES

- 1) 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 judgments, liens, evictions and status of collection accounts;

c) Current obligations and credit ratings; and/or

d) Criminal records or other information verification.
- 2) Owner/Agent is requiring payment of an Applicant Screening Charge \$ none of which is refundable unless the Owner/Agent does not screen the applicant. This application is valid for up to two weeks from date of receipt by Owner/Agent.
- 3) Any charges imposed upon Owner/Agent by a Homeowner’s or Condominium Association for anyone who moves into or out of a unit with the association, may be passed through to the Tenant(s) for payment as allowed by law.
- 4) 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 for 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.

Incomplete applications will not be accepted. Inability to verify information may result in denial of application. I am aware that presentation of false information may result in denial of application or termination of tenancy if discovered within one year of submission of application. I certify the above information is correct and complete and hereby authorize the Owner/Agent to make any inquiries the Owner/Agent feels necessary to evaluate my tenancy and credit standing (including, but not limited to credit reports). If Owner/Agent is requiring payment of an applicant screening charge, I acknowledge receiving a copy of and/or reading Owner/Agent’s Screening Guidelines. I understand that I have the right to dispute the accuracy of any information provided to the Owner/Agent by a screening service or credit reporting agency

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

Applicant

Date





ASSOCIATED SCREENING, INC
PO BOX 790
MEDFORD, OR 97501
PHONE (866) 477-1127 * FAX
www.associated-credit.com

1-800-604-2201

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that ASSOCIATED CREDIT SYSTEMS, INC. (ACS, Inc.) will be processing my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release, to ACS, Inc., all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand ACS, Inc. has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize ACS, Inc. to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this _____ Day of _____ Year _____

Applicant's LEGAL NAME: _____

Applicant's Signature: _____

Spouse's LEGAL NAME: _____

Spouse's Signature _____

Applicant SS#: _____ Applicant Date of Birth: _____

Spouse SS#: _____ Spouse Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Applicants Phone # _____

Business Requesting Report: VALLEY REALTY

	541-963-4174	541-963-8037	97647035
Ordered By	Phone Number	Fax Number	Account Number

IMPORTANT: IF APPLICANT'S ARE NOT MARRIED, SEPARATE APPLICATIONS MUST BE FILLED OUT
Please select the type of report you require by checking the appropriate box

☐

SILVER REPORT
Credit Report

☐

GOLD REPORT
Credit Report, Felony & Misdemeanor
Check, Eviction Check -

☐

PLATINUM REPORT
Credit Report, Eviction Check
Felony & Misdemeanor Check
Rent Verification, Verification of Employment
(Include Application to Rent for platinum)

ADDITIONAL REPORT OPTIONS

	MULTISTATE CRIMINAL
	AIM
	Additional State - Criminal
	State(s):
	Additional State - Eviction
	State(s):
	Landlord Verification
	County Search
	Employment Verification