Here is our criteria for 1741-1747 E Central Avenue, Sutherlin, Or, 97470

You must earn at minimum 3 times the rent in salary, retirement, or other documented income. We require a one year lease, with yearly options afterwards. Monthly rent is \$1095.00 per mo with a \$1650.00 Security Deposit. Rent is to be paid electronically to an account either via checks from your bank or an electronic transfer system, Venmo, Facebook, to name a few.

We do not rent properties to more than two persons who are not related.

Depending upon your history, you could be required to pay for additional background checks, if you have moved around a lot, more than one state, etc, plus pass a criminal background check. You must have descent credit, although we will *never* see a copy of anything relating to your credit, no access to credit card numbers or your social security numbers or even your date of birth, since we use a service that rates tenants on a 0-100 scale, 70+above are accepted. *PLEASE* ask us to explain further if this is not understood completely, we want you to fully understand. Initial background check is \$75 per person. (more if multi-states are involved) Your Employer must verify your income and position.

Tenants must carry renters insurance with a \$100,000 liability at least, keep in force with landlords names & the address, named insured as landlords. If unsure of wording, your agent can call our agent, it seems to work well this way. All tenants are required to copy us on renewal.

Tenants are required to do their own yard work in their back yard space. If you do not wish to keep up the yard, please do NOT ask to rent from us,

Most important is the fact that all tenants need to respect the other tenants space, all residents have a right to quiet existence and peacefulness when they are at home. Some residents are **day sleepers**, some are very early to bed & up early. 3 warnings and your lease could be terminated.

Under certain conditions, we may accept pets. Must be licensed, current vaccination record with proof of spay or neutering. We require a deposit of \$750 per pet. This additional deposit is conditionally refundable. Our insurance will **not** allow us to have tenants with certain pets of an "AGGRESSIVE" breed – Pit Bull, Rottweiler, Doberman, German Shepherd. Additional renter's insurance will need to be procured for pets. **A picture of the pet and current vaccination record with proof of spay or neutering must be must be turned in with the application.** Our tenants have small children or families that visit and it is very important that your pet be safe and people friendly if accepted.

Parking: Each unit has 2 parking spaces in front of their unit. While moving in or out, or receiving a delivery, this rule can be broken with notice to and approval of your neighbor that you will need to extend into their space, but just for a short time.

NO SMOKING, VAPING, OR GROWING Marijuana, Medical or edible is prohibited.(includes tobacco products also) Note: this includes your visitors.

102(04/16)	Check here if Applic		l	2 NIL HIQUS
Rental Address Central Ave. Si		-	Unit #	OREGON
Date: Time: Move	e-in Date: <u> </u>	D.? <u>Yes</u>	# of Units Available 1	ATA NO
Applicant Name:	Middle		Telephone:	
E-mail Address:				
SSN #: _ • Current Address:				
Since: Why are you movin	ng?	•		•
Since: Why are you movin Current Łandlord: Previous Address: From: To: W Previous Landlord:			•	
• Previous Address: From: To: W	#	City:	State:	_ Zip:
Previous Landlord:	Rer	nt Amount \$	Telephone:	
	#	City:	State:	Zip:
From: To: To: W Previous Landlord:	Yhy did you move?	at Amount C	Talanhana:	
1			•	
From: To: ₩	Yhy did you move?	-		
Previous Landlord: Have you ever: Been Evicted? O Yes O No	Rer	nt Amount \$	Telephone:	
O Current O Previous Employer: Supervisor: Job Title:			Telephone:	•
			ŀ	low Long?
Current O Previous Employer: Supervisor: Job Title:			Telephone:	
		u ,		
Supervisor:				
Current O Previous Employer: Supervisor:				
lob Title:	Gro	oss (per month) : \$	O Full-tin	ne O Part-time
Other Income (per month): \$ Other Income (per month): \$				
, ,			•	
• Emergency Contact:	Address	Rela	dionship	
Personal Reference:	Address	Rek	tionship	
Personal Reference:	Address	Rela	lelepnoпe lionship	·
• Automobile Make:	Model:	Year:	License#:	State:
Automobile Make:	Model:	Year:	Lícense#:	State:
• Other Vehicles/Boats:				State:
Do you own: Water-Filled Furniture: O Yes PET #1	O No Fish Tank (or Aquarium? O Yes C	J No	
		PET #2		
Type: Size:	Weight:		Size:	Weight:
		Туре:	Size: d anyone or damaged any	

¥	•	Bank:	8ranch:	(Checking Account #:				
BANK	•	Bank:	8ranch:	4	Savings Account #:				
9	For identification purposes only, please list names and dates of birth for all persons that will be occupying the unit.								
R	N _{ac}	74	Usla of Surfa	Natho		Dale of Elvik			
GLIOH3SUOH	Harr	x	Usie of Erth	Nanio	r	Date of Birth			
	Kin	Cu	للبنة ما فاطه	Ялпе		Dalo of Birth			
	Ma	nthly Rent: S	Socurity Deposit: S		Last Month's Rent Deposit:	\$_N/A			
	Additional Security Deposit for Pet \$ Additional Rent (Pat) \$ "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 addRional deposits.								
	NO	NON-REFUNDABLE FEES: (Check all that apply)							
	Ø	Late Charge of \$ or \$ p	er day (until the end of the mont	h) or \$<u>5%</u> e	every five days (until the end of the mo	nth)			
DEPOSITS DISCLOSURE	⌀	Smoke alarm, smoke detector or carbon	monoxide alarm tampering fee o	of \$					
	8	Dishonored Check Fee: \$35.00 plus any	charges bank imposes on Landi	ord					
	\aleph	Early lease termination (May not exceed	d 1 1/2 times the monthly rent) of	\$					
	Ø	\$(\$50.00 il left blank*) for late	payment of utility or service cha	arge that is paid	directly to the Landlord (per occurrence	2)			
	(\$50.00 it 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)								
	S(\$50.00 if left blank*) for improper use of vehicle within the premises (per occurrence)								
	S(\$50.00 if left blank*) for parking violations (per occurrence)								
S	*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.								
NTAL CHARGES,	🕉 \$(\$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 \$ 100,000.00 (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 \$.75.00 (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								
	NC	STICE:	<u> </u>	int Initials					
APPLICATION DISCLOSURES		nant Screening Entails the following Tenant Screening Service	(cneck all that apply):						
	© Credit Reporting								
	Depublic Records Search								
	& Rental History Verification								
	© Employment Verification								
	Dersonal Reference Verification								
			jon given to evaluate my applica	tion for tenancy	is correct and complete. I authorize you	u to make any and all			
ğ		quines you feel necessary to evaluate m	y application for housing includin	ig, but not limite	d to, a Credit Report, Eviction Report an	nd Criminal Report. I			
Р		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							
K		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 SCREENING AUTHORIZATION FORM 05/16

(Please print clearly)

Please remember to have your applicants <u>print neatly</u> to reduce mistakes and typos. All fields (except previous address) are REQUIRED! Reports will not be run unless filled out completely. <u>*ONE FORM PER PERSON, PLEASE, OR IT WILL BE REJECTED*</u>

Applica	nt Full Name:						
	(First,	midd	le, last)				
Social S	ecurity Number:	Date of Birth:					
Combin	ed monthly income of all applying:		# of months at current position:				
Current	t Address:(Street_c		Since://				
		•					
Previou	s Address:		Since:/ since://				
my tenai	that the above information is correct and complete and h	ereby eck o	authorize you to make inquiries you feel necessary to evaluate of my credit. I understand that if I am denied tenancy due to my				
Applic	cant Signature:						
	Owner y Rent for Unit (required):\$1095.00						
Membe	rship Name:		Member ID #: RHA 1748				
Submitt	ted By:		Complex: Central Ave.				
Phone N	Number:		Fax Number:				
and has	must be kept in the strictest confidence. If you choose to a right to receive them. <u>By signing below I agree to only</u> ot e-mail this form or any other personal, financia	scree					
Membe	rship Signature:						
	Decision Point DPC Combo Report (Includes Decision Point and Oregon & Washington		Landlord Verification (Application to rent required) 2-3 days to process Criminal History in Oregon & Washington – Statewide				
	-Statewide Criminal) Tenant Performance & Eviction History	-	(Includes violations through Federal offenses such as sex offender records)				
	Credit Report (Only if approved through NTN)		Nation-Wide Criminal Report (Includes information from all 50 states!)				
	Decision Point Plus Social Security Search		Nationwide Sex Offender Search				
	Employment Verification (Application to rent required) 2-3 days to process		Criminal Search in a single county anywhere in the US (Surcharges could apply; standard processing time is 1-2 weeks.)				
			UR PREFERENCE:				
	Phone & Pick-up Phone & FAX		Phone & MAIL \underline{X} Fax ONLY				