

# ***STREETRENTS***

OFFICE: 50 THIRD STREET, ASHLAND, OR 97520

(CORNER OF LITHIA WAY & 3RD ST)

MAILING: PO BOX 12, ASHLAND, OR 97520

PHONE: 541-201-0010 EMAIL: LEASING@STREETRENTS.COM FAX: 541-201-0214

## Application to Rent

Property Address: \_\_\_\_\_  
Rent Rate: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Lease Term: \_\_\_\_\_  
Number of Occupants: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Pets (type) \_\_\_\_\_  
Number of Vehicles: \_\_\_\_\_ Vehicle 1: \_\_\_\_\_ Vehicle 2: \_\_\_\_\_  
(Year, Make, Model, Plate #) (Year, Make, Model, Plate #)

**Applicant's Information** Phone Number: \_\_\_\_\_ Desired Move In Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Current Address:* \_\_\_\_\_  
Street City State Zip Code

Dates lived at this address: \_\_\_\_\_ Why are you moving?: \_\_\_\_\_

Current Landlord's Name and Phone Number: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_  
Street City State Zip Code

Previous Landlord's Name and Phone Number: \_\_\_\_\_

Dates lived at this address: \_\_\_\_\_ Why did you move?: \_\_\_\_\_

Have you ever been evicted?: \_\_\_\_\_ Have you been convicted of a crime?: \_\_\_\_\_

Do you have a waterbed?: \_\_\_\_\_ Do you have a piano?: \_\_\_\_\_ Do you have an aquarium?: \_\_\_\_\_

*Current Employer:* \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip Code

Name of Supervisor: \_\_\_\_\_ How long have you worked at this job?: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Net Take Home Pay: \_\_\_\_\_

*Previous Employer:* \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip Code

Name of Supervisor: \_\_\_\_\_ How long have you worked at this job?: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Net Take Home Pay: \_\_\_\_\_

I authorize you to obtain a copy of my consumer credit report and to make inquiries regarding my rental history, employment, and character. I have paid the sum of \$40.00 for screening my application. In the event that this application is approved, I may sign a rental agreement and pay the required security deposit within 24 hours of being notified of said approval, otherwise, the rental may be rented to another applicant. If my application is denied, I understand that the screening fee paid is non-refundable. I have received a copy of the Applicant Screening Criteria, Applicant Screening Process Disclosure, and a verbal good faith estimate of the available units and the number of applications currently being reviewed. I agree to have this application approved or denied by the landlord in accordance with the Application Screening Criteria.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_