

**APPLICATION TO RENT**  
**ROGUE RIVER PROPERTY MANAGEMENT LLC**  
[www.rogueiverpm.com](http://www.rogueiverpm.com) 541-582-0690

**RENT, DEPOSIT, AND FEE DISCLOSURE**

**Monthly Rent:** \$ \_\_\_\_\_ **Security Deposit:** \$ \_\_\_\_\_ **Other Deposits:** \$ \_\_\_\_\_

DEPOSITS MAY INCREASE IF APPLICANT IS UNABLE TO MEET ONE OR MORE OF OWNER/AGENT SCREENING CRITERIA.

**Renter's Insurance IS/ IS NOT required**

**Owner/Agent may charge the following:**

- Late payment of rent charge of \$50.00
- Smoke Alarm and carbon monoxide alarm tampering fee of \$250.00
- 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 the Owner/Agent.
- Owner/Agent may charge the following non-compliance fees after first giving a written warning notice: \$50 fee for second violation, and \$50 plus 5% of current rent for each subsequent violation.
- 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**

FIRST

MIDDLE INITIAL

LAST

**Applicant Name:** \_\_\_\_\_

Email Address: \_\_\_\_\_ phone: \_\_\_\_\_

S.S.#: \_\_\_\_\_ Birthdate: \_\_\_\_\_ DL#: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Email Address: \_\_\_\_\_ phone: \_\_\_\_\_

S.S.#: \_\_\_\_\_ Birthdate: \_\_\_\_\_ DL#: \_\_\_\_\_

Additional applicants use back of page

**Current Address:** \_\_\_\_\_

Since: \_\_\_\_\_ Landlord contact info: \_\_\_\_\_

Why are you moving? \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Contact info: \_\_\_\_\_

**Have you ever:**

Been Evicted? Yes / No ; Been sued by a landlord? Yes / No ; Filed Bankruptcy? Yes / No ;

Been convicted, or plead guilty or no contest to a crime? Yes / No If yes 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: \_\_\_\_\_

Animal #1 Type: \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_

Has animal ever injured anyone or damaged anything? Yes / No Please explain: \_\_\_\_\_

**OUTSTANDING DEBTS :**

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

**BANK INFORMATION:**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct #: \_\_\_\_\_

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**EMPLOYMENT/ INCOME**

Current Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job title: \_\_\_\_\_ Take home pay/ mo \_\_\_\_\_ Full time / Part time

Co-applicant/Previous Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job title: \_\_\_\_\_ Take home pay/ mo \_\_\_\_\_ Full time / Part time

Other income (per month): \$ \_\_\_\_\_ Source: \_\_\_\_\_ Phone: \_\_\_\_\_

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**REFERENCES**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Non-relative: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL PROPERTY**

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License (w/state): \_\_\_\_\_

Automobile: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License (w/state): \_\_\_\_\_

Rvs/boats/etc: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License (w/state): \_\_\_\_\_

Do you have the following: Trampoline? Y N Water filled furniture? Y N Fish tank or aquarium? Y N

**MEMBERS OF THE HOUSEHOLD**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SCREENING CHARGES 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 collections accounts;
  - c) Current obligations and credit ratings; and/or
  - d) Criminal records or other information verification.
2. Owner/Agent is requiring payment of an application Screening Charge of \$\_\_\_\_\_ per adult, none of which is refundable unless the Owner/Agent does not screen the applicant. This application is valid for up to two weeks from the 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 application 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

\_\_\_\_\_  
Co-Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant \_\_\_\_\_  
Date

**For Office Use Only—Do Not Write Below:**

Property Address: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ am/pm

\_\_\_\_\_ # of units (of the type and in 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.