

IMPORTANT - PLEASE READ FIRST

E.L. Edwards Realty II, Inc.

2707 Broadway, North Bend, OR 97459, 541-756-0347, Fax 541-756-1486

120 Michigan #C NE, Bandon, OR 97411, 541-329-2317, Fax 541-329-2372

635 8th St., #A, Myrtle Point, OR 97458, 541-559-1091, Fax 541-559-1098

Application Screening Guidelines & Application to Rent

Present Picture ID to schedule a property showing.

We offer an application to everyone.

We charge a screening fee of \$50 per person.

We review completed applications in the order in which we receive them.

We may require up to 3 business days to verify information on an application.

Each applicant over the age of 18 must submit an individual application.

Applications must be signed and dated. We will not review incomplete applications.

Complete Application

Applicants must show one piece of government-issued photo ID.

We will accept the first qualified applicant(s).

Prior Rental History

Favorable rental history of 3 years must be verifiable from unbiased and unrelated sources.

No Evictions within the past 5 years. We do not consider evictions which took place five years or more ago, nor do we consider evictions which resulted in a dismissal or a general judgement for the applicant.

Applicant must provide the information necessary to contact past landlords.

Income/Resources

Household income shall be at least 3 times the rent.

Income must be verifiable through pay stubs or employer contact: award letters for Social Security, alimony, child support, cash assistance, snap, hire-on letter, housing assistance, current tax records; or bank statements. Attach income verifications to application.

Credit History

Negative credit reports may result in denial of application. Negative reports include, but are not limited to: late payments, collections, judgments, total debt load, and bankruptcy.

Criminal History

Criminal convictions or pending charges which may result in an application denial include, but are not limited to: drug-related crimes, sex-offenses, any crimes involving financial fraud (including identity theft or forgery), or any other crime that would adversely impact the health, safety or right of peaceful enjoyment of the premises of the residents, landlord or landlord's agent.

Explanations/Exceptions

All applicants may submit a written explanation with their application if there are extenuating circumstances which require additional consideration.

If, after making a good faith effort, we are unable to verify information on your application, or if you fail to pass any of the screening criteria, the application process will be terminated.

Exceptions may be made for applicants with increased deposits at the sole discretion of the Owner/Agent. We do not accept Co-Signers.

Applicants may be rejected based on the demeanor in which they treat the Owner/Agent or other parties present.

FALSIFICATION OR MISREPRESENTATION OF ANY PART OF THE APPLICATION WILL BE GROUNDS FOR DENIAL.

Let's See if Your application is ready to submit!

Make sure.....

Application is complete? (One for each adult)

Photo ID Attached? (Current, not expired)

Verification of income? (Attach Pay stub, SSI benefit letter, student loan award letter, SNAP award, etc.)

Be prepared to pay the application screening fee of \$50 per adult. Payable by cash, check or money order. We do accept debit or credit cards with a \$3 processing fee.

Remember

Double check that the application is complete and all required documents are attached before submitting the application and paying the fee!

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541-329-2371, Fax 541-329-2372

OFFICE HOURS: 8:00 am to 5:00 pm, Monday - Friday, other times possible by appointment.

RENTAL APPLICATION

ADDRESS OF RENTAL DESIRED: _____

Date received _____ **Time Received** _____ **Picture ID Attached** _____

_____ # of units available of the type and in the area that will be available in the near future.

_____ # of applications previously accepted and remaining under consideration for those units.

RENT, DEPOSIT and FEE Disclosure (Amounts listed below subject to change before the rental agreement is executed.)

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

RENTER'S INSURANCE IS REQUIRED. (If Tenants household income falls below 50% of the Median for the area, Renter's Insurance may not be required.)

OWNER/AGENT MAY CHARGE THE FOLLOWING:

- Late fee charge of \$75.00
- Smoke Alarm and Co2 Alarm tampering fee \$250
- NSF/Return check fee \$35 plus bank charges.
- Early Termination fee of 1 ½ times monthly rent, or actual damages at the owner's option.
- 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 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.

APPLICANT SCREENING CHARGE DISCLOSURE:

Owner/Agent may obtain a credit report, or a tenant screening report which generally consists of:

Credit history including a credit report; Public records, including but not limited to judgements, liens, evictions and status of collection accounts; Current obligations and credit ratings; Criminal records or other information verification.

Owner/Agent is requiring an Applicant Screening Charge of \$50, 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.

If the mail receptacle associated with the dwelling unit is a locking type, Tenants are solely responsible for the fees charged but he 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.

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APPLICATION: We process only completed applications. Please read carefully and complete all lines of the application. **Incomplete applications cannot be processed.** Please refer to the check off sheet to see if your application is complete.

Do you need to give a 30-day notice? _____ approximate move-in date _____

Will you be prepared with a check or money order to pay rent, deposit and fees at lease signing? _____

Name _____ SS# _____ DOB _____

Your contact phone number _____.

Please list addresses for the past three years.

Current address _____

Mailing address if different _____

City, State, Zip _____ Rent Amt _____

Current Landlord _____ Ph# _____

Since _____ Why are you moving? _____

Previous address _____

City, State, Zip _____ Rent Amt _____

Previous Landlord _____ Ph# _____

From _____ To _____ Why did you move? _____

Previous address _____

City, State, Zip _____ Rent Amt _____

Previous Landlord _____ Ph# _____

From _____ To _____ Why did you move? _____

Previous address _____

City, State, Zip _____ Rent Amt _____

Previous Landlord _____ Ph# _____

From _____ To _____ Why did you move? _____

Use additional reference section for additional address history if less than 3 years stated above. Include landlord names, phone #'s, addresses & beginning and ending dates of tenancy. If living with relatives or friends state relationship and provide daytime phone numbers.

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VERIFIABLE INCOME: Income must equal at least three times the amount of rent. You may include such income as food stamps, child support payment, student loans or grants, etc. If income is not verifiable by telephone, we need written proof, including proof of assistance payments. **TOTAL HOUSEHOLD INCOME FROM ALL PARTIES, DIVIDED BY 3, SHOULD EQUAL OR EXCEED MONTHLY RENTAL AMOUNT.**

If less than 2 years of employment, list more under additional references.

Current employer & position _____ **How long** _____

Contact person _____ Phone # _____

Permanent _____ Full time _____ Part time _____ Gross Monthly Income _____

Current employer & position _____ **How long** _____

Contact person _____ Phone # _____

Permanent _____ Full time _____ Part time _____ Gross Monthly Income _____

Other Income _____ Source _____ Other Income _____ Source _____

REFERENCES: We need personal reference history of two years or more from neighbors, friends, or other people who have been in your home, preferably non-relatives (day phone numbers please).

Name _____ Relationship _____ Ph # _____

Name _____ Relationship _____ Ph # _____

Emergency contact person: _____ **Phone** _____

Next of Kin (name, address, phone): _____

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 _____ **Weight** _____

Animal #2 – Type _____ **Weight** _____

Ever injured anyone or damaged anything? ___yes___ no.

Smokers? No _____ Yes _____ **Inside or Outside?** _____

Water filled furniture? (List type) _____

Automobile: _____ **Yr** _____ **Lic#** _____ **Color** _____

Automobile: _____ **Yr** _____ **Lic#** _____ **Color** _____

Boats/RV's: _____ **Yr** _____ **Lic#** _____ **Color** _____

Bank _____ **Checking** _____ **Savings** _____

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Please answer the following questions:

Have you ever been evicted? Yes _____ No _____ Have you ever filed bankruptcy? Yes _____ No _____

Have you been convicted of a criminal offense or been sued? Yes _____ No _____

If you answered YES to any of the above, please explain: _____

Please list names and dates of birth of all persons to occupy unit, including applicants: _____

Additional References or information:

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 the Owner/Agent.

Your contact phone #'s: Home _____ Cell _____
Work _____ Msg _____
Email _____

Applicant signature _____ Date _____

E.L. EDWARDS REALTY II, INC.
2707 Broadway
North Bend, OR 97459
541-756-0347 Fax # 541-756-1486

To: _____ **From:** _____
Fax #: _____ **Date:** _____

Purpose: Request to obtain rental history information
*** Please complete only the information in the box below***

I authorize the release of information listed below to E.L. Edwards Realty II, Inc., regarding my rental history.

_____	_____	____/____/____
Applicant's Name (print)	Applicant's Signature	Date
_____	_____	____/____/____
Applicant's Name (print)	Applicant's Signature	Date

This message may contain privileged or confidential information protected from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to this message by fax or telephone at the number listed above.

Tenants: _____

Address: _____

Move-in date: _____ Move-out date: _____ Current? : _____

Rent amount: \$ _____ Rent paid on time: _____ Yes _____ No - # late _____

Number of NSF checks: _____ Negative notices in file: _____

Did tenant give proper notice to move? : _____ Yes _____ No
If no, please explain _____

Were inside inspections satisfactory? : _____ Yes _____ No
If no, please explain : _____

Does this tenant owe you money? : _____ Yes _____ No If yes, amount : _____

Would you rent to this tenant again? : _____ Yes _____ No

Deposit amount paid at move in: \$ _____ Deposit amount refunded: \$ _____

Your name please? _____