

# **IMPORTANT – PLEASE READ FIRST**

## **E.L. Edwards Realty II, Inc.**

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

161 Central, Coos Bay, OR 97420

295 Baxter Coquille, OR 97420

Office hours: 8:00 am to 4:00 pm Monday – Friday, Wednesday 10:00 am to 4:00 pm

## **Application Screening Guidelines & Application to Rent**

- We offer an application to everyone.
- Each applicant or a representative must observe the interior of the unit prior to submission of an application.
- We charge a screening fee of \$50 per person.
- We review completed applications in order in which we receive them
- We may require 3 – 5 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 valid government-issued photo ID.

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

We will accept the first qualified applicant(s).

### **Prior Rental History**

Favorable rental history of 5 years must be verifiable from unbiased and unrelated sources or familiar ties. 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. We also do not consider eviction judgements that were rendered during the COVID-19 Protected Period (April 1, 2020 – February 28, 2022)

Applicant must provide the information necessary to contact past landlords.

**Security deposits equal twice the rent amount. No deposit on last month required unless otherwise notated.** DEPOSITS MAY INCREASE IF APPLICANT IS UNABLE TO MEET ONE OR MORE OF AGENT'S SCREENING CRITERIA.

## **Income/Resources**

Household income shall be at least 2.5 times the requested rent amount in lieu of a housing choice voucher and/or other rent subsidy programs. We accept all accredited subsidy programs provided the unit qualifies under the program guidelines set forth by the provider. All subsidy information and documents must be submitted with your rental application in order to process and complete your application. If you come with a deposit assistance subsidy all paperwork and approval must be in place at time of application submission and prior approved by subsidized application.

Income must be verifiable through pay stubs (3 months minimum) or verifiable employer contact; award letters for social security/educational assistance, 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, judgements, total debt load, and bankruptcy/pending bankruptcy, excepting nonpayment balances that accrued during the COVID-19 Emergency period (April 1, 2020-June 30, 2021).

## **Criminal History**

Criminal convictions within the statute of limitation or pending charges that may result in an application denial include, but are not limited to: drug-related crimes, person 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 but pending charges or crimes that are no longer illegal in the state of Oregon, or charges that are pending but for which the Applicant is presently participating in a diversion, conditional discharge or deferral of judgement program on the charges.

Criminal history will be evaluated on a case-by-case basis taking into consideration the nature and severity of the incidents that would lead to denial, the number and type of incidents, the time has elapsed since the date the incidents occurred, and the age of the individual at the time the incident occurred.

### **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.**

# E.L. Edwards Realty II, Inc.

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

161 Central, Coos Bay, OR 97420

295 Baxter Coquille, OR 97420

Office hours: 8:00 am to 4:00 pm Monday – Friday, Wednesday 10:00 am to 4:00 pm

## 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 \$250.00
- 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 of noncompliance occurs within one year of issuance: \$ 50 fee for 2<sup>nd</sup> 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 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.

## E.L. Edwards Realty II, Inc.

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

161 Central, Coos Bay, OR 97420

295 Baxter Coquille, OR 97420

Office hours: 8:00 am to 4:00 pm Monday – Friday, Wednesday 10:00 am to 4:00 pm

**APPLICATION:** We process only completed applications. Please read carefully and complete all lines of the application. Please refer to the check off sheet to see if your application is complete.

### **Incomplete applications cannot be processed.**

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 five 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 5 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.

# E.L. Edwards Realty II, Inc.

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

161 Central, Coos Bay, OR 97420

295 Baxter Coquille, OR 97420

Office hours: 8:00 am to 4:00 pm Monday – Friday, Wednesday 10:00 am to 4:00 pm

**VERIFIABLE INCOME:** Income must equal at least 2 ½ times the amount of the 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 2.5, 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). References with a familiar status will not be accepted.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency contact person:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Next of Kin (Not other applicant(s):** \_\_\_\_\_ Phone # \_\_\_\_\_

**Do you intent to bring any Pets/ESA/Assistance animals onto the property?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, does your household require a reasonable accommodation?** \_\_\_\_\_ YES \_\_\_\_\_ NO. (Please attach verification)

**Animal #1 – Type** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Animal #2 – Type** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Has your Pet/ESA/Assistance animal ever injured anyone or damaged anything?** \_\_\_\_\_ YES \_\_\_\_\_ NO.

**All units are outside no less than 10ft away from doors or windows smoking or off property smoking only.**

**Smokers?** \_\_\_\_\_ YES \_\_\_\_\_ NO

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

# E.L. Edwards Realty II, Inc.

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

161 Central, Coos Bay, OR 97420

295 Baxter Coquille, OR 97420

Office hours: 8:00 am to 4:00 pm Monday – Friday

Please answer the following questions: For anything within the last 5 years.

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

Have you been sued by a Landlord? \_\_\_\_ 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 after 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** \_\_\_\_\_

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, money order or we do accept debit or credit cards with a \$5 processing fee.**

# **Remember**

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

**E.L. Edwards Realty II, Inc.**