CASCADIA PROPERTIES

(541)617-8700 Fax (541)815-5000 Office 5 NW Minnesota Ave. Suite 202 Bend, Oregon 97703

APPLICATION TO RENT

E-mail: bendfirst@gmail.com

OWNER/AGENT TO COMPLETE

Property Address:					
Date:/ Time:	_ Move-in Date:				
Examined picture identification: Circle Yes / No Type of identification?					
RENT, DEPOSIT, AND FEE DISCLOSURE (Amounts Listed below are subject to	to change before the rental agreement is executed)				
Application Fee :\$45.00 Per Person Make Check To: "Ca	ascadia Properties"				
Monthly Rent: Security Deposit:	Pet Deposit: \$300				
Deposits may increase depending on screening and other factors					
Landlord may charge the following:					
(X) Late Charge of \$ 100.00 .					
(X) Smoke alarm and carbon monoxide alarm tampering fee of \$250.0	00 per device.				
(X) Dishonored check fee of \$35.00 plus fees charged by bank.					
(X) Early lease termination fee of one and a half (1 1/2) times monthly ren	t, or actual damages at the option of Owner/Agent				
(X) Late Payment of utility fee of \$50.00 per occurrence.					
(X) Failure to clean up pet waste, garbage, rubbish or other waste fee	•				
(X) Parking violation or other improper use of vehicle fee of \$50.00 pe					
(x) Owner /Agent may charge a fee for smoking/vaping in a clearly de					
of the premises. Fee may be assesed for repeat violations that occur	•				
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.					
DEDCOMAL INFORMATION					
PERSONAL INFORMATION					
Annliquet Name.	Dhonor ()				
Applicant Name: First Middle Last	Phone: ()				
	Call ()				
Email Address:	Cell: ()				
S.S. #: Birth Date://_					
Have you applied for and received credit under another name/names RESIDENCE HISTORY	r Y / N Please List:				
	City: State: 7in:				
Current Address: Since:// Why are you moving?	_ City State Zip				
Current Landlord: Re	ent \$ Telephone: () -				
Current Landiord.	ent yrelephone. (
Previous Address:	City: State: Zip:				
From:/ to/ Why did you move?_	State2ip				
Previous Landlord:	Rent \$Phone: ()				
Trevious Landiordi	. Hency Honer(/ /				
Previous Address:	City: State: Zip:				
Previous Address: to/ Why did you move?					
Previous Landlord:	Rent\$ Phone: ()				
PLEASE CIRCLE YES OR NO					
Have you ever: Been Evicted? Yes / No; Been sued by Landlord?	Yes / No; Filed Bankruptcy? Yes / No				
Been convicted, or pleaded guilty or no contest , to a crime? Yes / No					
If yes to any of these, please explain:					

Do you intend to bring					
If yes, do any of the an	•				
					d anything? () Yes () No
					d anything?() Yes() No
OUTSTANDING DEBTS	- Please list below all	outstanding p	ast due payment oblig	ations and/or colle	ections accounts.
EMPLOYMENT / INCO					
Current Employer:				_ How Long	g?
Supervisor:					
Job Title:		_ Take home	pay (Monthly): \$	Circle: Full-time / Part-time	
Previous Employer:				_ How Long	g?
Supervisor:				_ Telephon	e:()
Job Title:		_ Take home	pay (Monthly): \$	Circle: Full-time / Part-time	
Other Income (Month	ly) \$	Source:		Telephon	e:()
Other Income (Monthl	ly) \$	Source:			e: ()
BANK, STOCKS & MON	NEY MARKET ACCOU	INT INFORM	ATION		
Bank :				Attach Checki	ng Account Statement
Bank:					
OTHER:		Balance:		Attach Type	/ Account Statement
REFERENCES				· ·	
Next of Kin:				Phone: ()
	Name	Address	Relationship	_	
Emergency Contact:				Phone: ()
	Name	Address	Relationship	_	/
Personal Reference:				Phone: ()
	Name	Address	Relationship		/
Personal Reference:				Phone: ()
	Name	Address	Relationship	(/
PERSONAL PROPERTY					
Automobile: Make		Model	Year	License #	State
Automobile: Make		Model	Year	 License #	State
Other/Boats: Make		Model	 Year	 License #	State
APPLICANT SCREENING	G CHARGE DISCLOSU				
1) Owner/Agent may obtain			eport which generally co	nsists of:	
a) Credit history including o	credit standing;				
b) Public records, including	but not limited to judgm	nents, liens, evic	tions and status of colle	ction accounts;	
c) Information verification;					
2) Owner/Agent is requiring	_ ·	_			refundable
unless the Owner/Agent do					
3)Any charges imposed upo		7.7	·		
a unit with the association,				-	- -
I understand I have the righ				-	ening service or
credit reporting agency. Ta		•	·		=
above information is correct					
tenancy and credit standing	•				•
screening charge, applicant					л ан аррисанс
No marijuana, medical or othe	=			_	f Owner/Agent
ivo manjualla, medical of othe	i wise, iliay be grown, stored	u oi collsuifieu ON	i die premises without the p	mor written consent of	owner/Agent
					1=5
Applicant			Date		EQUAL HOUSING OPPORTUNITY

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