## **CASCADIA PROPERTIES**

OWNER/AGENT TO COMPLETE

(541)617-8700 Fax (541)388-1239 Office 5 NW Minnesota Ave. Suite 202 Bend, Oregon 97703

## **APPLICATION TO RENT**

E-mail: cascadiamgmt@earthlink.net

Property Address:	, Bend, Oregon 97701			
Date:/				
Examined picture identification: Circle Yes / No Type of identification	ation?			
RENT, DEPOSIT, AND FEE DISCLOSURE (Amounts Listed below are subject t				
Application Fee :\$45.00 Per Person Make Check To: "Ca	ascadia Properties"			
Monthly Rent: Security Deposit:	Pet Deposit: \$300 for one pet			
Deposits may increase depending on screening and other factors	Pet Deposit for two: \$500			
Landlord may charge the following:				
(X) Late Charge of \$ 100.00.				
(X) Smoke alarm and carbon monoxide alarm tampering fee of \$250.0	<b>00</b> 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 rent	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 <b>\$250 per violation</b> .				
PERSONAL INFORMATION				
Applicant Namo	Phone: ( ) -			
Applicant Name:  First Middle Last	Phone: ( )			
	Calle (			
Email Address: Birth Date://_	Cell: ( )			
Have you applied for and received credit under another name/names <b>RESIDENCE HISTORY</b>	r f / N Please List:			
Current Address:	City: State: 7in:			
Since:/ Why are you moving?	_ City State Zip			
	ent \$ Telephone: ( ) -			
current Landiord Ne	Telephone. ( )			
Previous Address:	City: State: Zip:			
From:/ to/ Why did you move?_	State2ip			
Previous Landlord:	Rent \$Phone: ( )			
Trevious Editatora.	Nene yi none. ( )			
Previous Address:	City: State:Zip:			
From: / / why did you move?	5.5,			
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 a					
				anyone or damaged anyth	
				anyone or damaged anyth	
OUTSTANDING DEBTS	<b>S</b> - Please list below all	outstanding p	ast due payment oblig	gations and/or collections	accounts.
EMPLOYMENT / INCO					
Current Employer:				_ How Long?	
Supervisor:					
Job Title:					time / Part-time
Previous Employer:					
Supervisor:					
Job Title:					
Other Income (Month	ıly) \$	Source:_		Telephone: ( )	
Other Income (Month		Source:		Telephone: (	)
BANK, STOCKS & MO	NEY MARKET ACCOL	JNT INFORM	ATION		
Bank :		_ Balance:			
Bank:		_ Balance:		Savings Account #:	
OTHER:		Balance:_		Type/ Account #:_	
REFERENCES					
Novt of King				Dhono: ( )	
Next of Kin:	Name	Address	Relationship	Phone: ( )	<del>-</del>
For a series of Court and		Address	Relationship	Dhana ( )	
Emergency Contact:	 Name	Address	Relationship	Phone: ( )	
D I D. C		Address	Relationship	Diameter ( )	
Personal Reference:		A d dua a a	Deletie seleie	Pnone: ( )	
0 10 (	Name	Address	Relationship	DI ( )	
Personal Reference:				Pnone: ( )	
PERSONAL PROPERTY	Name /	Address	Relationship		
Automobile: Make		Model	Voar	Liconso #	State
Automobile: Make			Year		
		Model	Year	License # License #	State State
Other/Boats: Make APPLICANT SCREENIN	IC CHARCE DISCLOSI		Year	Licerise #	State
1) Owner/Agent may obtain		. ,	oport which goporally co	ancists of:	
		iant screening i	eport willen generally co	01131313 01.	
a) Credit history including	=		*:	ation accounts.	
b) Public records, including					
c) Information verification;		_		is. Son none of which is refunda	hlo
					JIE .
unless the Owner/Agent d		* *	· ·	·	
	= -			n for anyone who moves into	or out of
a unit with the association					
_	·		· · · · · · ·	ner/Agent by a screening se	
	•	* *		sult in denial of tenancy. I ce	•
	•			you feel necessary to evalua	·
•				requiring payment of an app	licant
screening charge, applican	_			_	
No marijuana, medical or othe	erwise, may be grown, store	d or consumed on	the premises without the p	orior written consent of Owner/	Agent
Applicant			Det-		EQUAL HOUSING OPPORTUNITY
Applicant			Date		

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