

Ashlander Apartments

2234 Siskiyou Blvd.
Ashland, OR 97520
[541] 482-9121 Fax [541] 482-1079

OFFICE USE ONLY		
Approved:	YES	NO
Apartment #:	_____	
Move-in Date:	_____	
Deposit:	_____	

Apartment Rental Application

[please print]

DATE _____

NAME _____ HOME PHONE _____

DATE OF BIRTH _____ SSN# _____ DRIVERS LIC # _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

LANDLORD NAME _____ PHONE _____ MONTHLY RENT _____

PERIOD OF OCCUPANCY _____ REASON FOR LEAVING _____

PRIOR ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIOR LANDLORD NAME _____ PHONE _____

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ JOB TITLE _____

MONTHLY TAKE HOME PAY _____ HIRE DATE _____

OTHER SOURCES OF INCOME AND AMOUNTS [FINANCIAL AID, ETC.] _____

WHICH BANK DO YOU HAVE A CHECKING ACCT WITH: _____

BANK YOU HAVE A SAVINGS ACCT WITH: _____

CAR MAKE _____ MODEL _____ YEAR _____

LOAN COMPANY _____ MONTHLY PAYMENT _____

EMERGENCY CONTACT _____ ADDRESS _____

CITY _____ STATE _____ PHONE [] _____

LOCAL FRIEND _____ ADDRESS _____

CITY _____ STATE _____ PHONE [] _____

CHARACTER REFERENCE _____ ADDRESS _____

CITY _____ STATE _____ PHONE [] _____

DATE APARTMENT WANTED _____ INTENDED LENGTH OF TENANCY _____

SIZE OF APT WANTED: 1 BDRM _____ 2 BDRM _____ 3 BDRM _____

DO YOU PREFER A SMOKING UNIT _____ OR NON-SMOKING _____

ARE YOU A STUDENT? _____ IF YES, SCHOOL ATTENDING _____

MAJOR _____ YEAR IN SCHOOL [CLASS STATUS] _____

HOW DID YOU HEAR ABOUT THE ASHLANDER APARTMENTS? _____

SEE OTHER SIDE

DO YOU INTEND TO HAVE A ROOMMATE? _____ IF YES, ROOMMATE MUST COMPLETE A SEPARATE APPLICATION UNLESS YOU HAVE JOINT CREDIT.

CO-APPLICANTS NAME _____ SSN# _____

BIRTHDATE _____ DRIVERS LIC # _____

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

TYPE OF BUSINESS _____ JOB TITLE _____

MONTHLY TAKE HOME PAY _____ HIRE DATE _____

NAME & BIRTHDATE OF ALL OTHER OCCUPANTS THAT WILL LIVE IN THE APARTMENT

I certify that the information given is correct and complete and hereby authorize the Ashlander Apartments to make any inquiries necessary to evaluate my tenancy and credit standing. I understand that I will be required to pay a refundable SECURITY deposit of \$500.00. I also understand that the state law requires 30 days advance written notice of my intention to vacate; otherwise I am liable for rent for 30 days from the time I give such written notice. If I cancel my reservation before my move-in date, I will forfeit my reservation fee of \$500.00, either in part or in full.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICATION PROCESS

The following is a list of guidelines that will be used to process your application.

1. All applicants will be treated in the same, fair manner.
 2. All applicants must wait a minimum of 24 hours for us to process their application
 3. All applicants must have the following checked:
 - a. Current and previous landlord references
 - b. Credit Rating
 - c. Recorded or unrecorded FED, collections, judgments
 - d. Incoming verification
 4. Reasons for rejections will not be discussed
- Any information provided that is incomplete, inaccurate, falsified, or unverifiable shall be grounds for denial.

IF YOUR RESERVATION IS CANCELLED:

25 days or more prior to move-in date:	\$425.00 refunded
20 to 24 days prior to move-in date:	\$280.00 refunded
6 to 19 days prior to move-in date:	\$100.00 refunded
0 to 5 days prior to move-in date:	\$ 00.00 refunded

Please sign stating that you understand our applications process:

APPLICANT'S SIGNATURE _____ DATE _____