

Apartment Rental Application

Ashlander Apartments

2234 Siskiyou Blvd. Ashland, OR 97520
[541] 482-9121 Fax [541] 482-1079
Website: ashlanderapts.com
[Please print]

OFFICE USE ONLY

Approved: YES NO

Apartment #: _____

Move-in Date: _____

Deposit: _____

Date: _____

Name: _____ Contact Phone # _____

Email Address _____ Date of Birth: _____

SSN # _____ Driver's License # and State _____

Date apt wanted: _____ Intended length of tenancy: _____

Size of apt wanted 1 bedroom _____ 2 bedroom _____ 3 bedroom: _____

Are you a student? If yes, school attending: _____ Major: _____

Year in school (class status): _____ How did you hear about us? _____

**** We no longer offer smoking units ****

Rental History:

Present Address: _____ City: _____ State: _____ Zip: _____

Landlord name: _____ Phone: _____ Monthly rent: _____

Period of occupancy: _____ Reason for leaving: _____

Prior address: _____ City: _____ State: _____ Zip: _____

Prior landlord name (if current address less than one year): _____ Phone: _____

Employment History:

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of business: _____ Job title: _____

Monthly take home pay: _____ Hire date: _____

Other sources of income [Financial aid, spouse's income, parents etc.] _____

Bank References:

Name of Bank: _____ Branch: _____

Type of account: checking, savings, other: _____

Vehicle Description:

Car make: _____ Model: _____ Year: _____

Loan Company: _____ Monthly payment: _____

CONTINUE ON OTHER SIDE

Emergency Contact:

Name: _____ Contact Phone # _____

Address: _____ Relationship: _____

Character References:

Name: _____ Contact Phone # _____

Address: _____ Relationship: _____

Name: _____ Contact Phone # _____

Address: _____ Relationship: _____

Do you currently have any pets? If so what kind? _____

*We accept cats with an additional \$200.00 deposit per cat, and we do not accept dogs.

Do you intend to have a roommate? If yes, roommate must complete their own application.

Name(s) of roommates: _____

** Anyone over 18 years of age must fill out their own application**

Spouses name: _____ SSN# _____

Birthdate: _____ Driver's license # _____

Name and ages of all children and other persons to occupy 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 \$700.00. 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 \$700.00, 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. Income 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: \$595.00 refunded

20 to 24 days prior to move-in date: \$350.00 refunded

6 to 19 days prior to move-in date: \$140.00 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: _____