

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 _____

*******We have a no pet policy and do not allow dogs or cats 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 both a refundable SECURITY deposit of \$375.00 and a non-refundable administrative fee of \$75.00. 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 gave such written notice. If I cancel my reservation before my move-in date, I will forfeit my reservation fee of \$450.00, 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:	\$375.00 refunded
20 to 24 days prior to move-in date:	\$230.00 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 _____