



# MEDFORD BETTER HOUSING ASSOCIATION, INC.

1118 SPRING STREET, MEDFORD, OREGON 97504

PHONE NUMBER: (541) 772-4180 FAX NUMBER: (541)772-4199

E-MAIL: [mbh5055@live.com](mailto:mbh5055@live.com) WEB: [www.medfordbetterhousing.webs.com](http://www.medfordbetterhousing.webs.com)

TTY SERVICE (509) 495-4861 TRANSLATION SERVICE (800) 227-9187

## EQUAL HOUSING OPPORTUNITY

TODAY'S DATE: \_\_\_\_\_ TIME RECORD: \_\_\_\_\_ TYPE/SIZE DESIRED: \_\_\_\_\_

### CHECK ONE:

OWN  RENT  LIVING WITH PARENTS  LIVING WITH FRIENDS

## APPLICANT SCREENING

We want to make sure that people do not use these rental units for illegal activities, are respectful of others and the rental property. To that end, we have a thorough screening process.

PLEASE READ THE FOLLOWING CAREFULLY. If you feel that you meet the screening criteria, please apply.

We are Equal Housing Property Management Company. We do not discriminate on the basis of Race, Color, National Origin, Sex, Religion, Marital Status, Source of Income, Familial Status, Handicap of Disability, Age or Sexual Orientation.

We do discriminate, however, on the basis of how a person pays rent, obeys the law, handles professional relationships, and treats property and neighbors. We work with neighbors and other landlords in the area to maintain the quality of the neighborhood. We want to find tenants who will enjoy the neighborhood and who will be a good neighbors.

Completely filling out the application is the first step in becoming a successful applicant. While we try to be as objective as possible, we will exercise judgment in evaluating applications. If you feel that the information in a given blank on the application does not tell the whole story, that it warrants further explanation, please tell us more – on the back or a separate piece of paper.

### STEPS TO BECOME A RESIDENT:

- Select a Unit
- Complete the application on the designated form. Incomplete application will NOT be processed
- Everyone 18 years old or older who will live in the unit must fill out a complete application.
- Pay your non-refundable credit/screening fee of \$30.00 when appropriate.
- Be prepared to wait at least 1- 10 business day(s) for the application verification process.
- If all information we need are gathered completely, we will call for interview schedule.
- You will be required to be screened to meet the final resident screening criteria.
- Once approved, applicant must pay the security deposit to hold the unit for a maximum of two weeks at which time a signed rental agreement and rents will be required.
- Sign a Lease agreement and the Project Rules and Regulations in which you agree to abide by all rules and regulation. You are encouraged to read the Lease and Rules prior to signing.
- Pay the first month's prorated rent in advance.
- Immediately have utilities turned on and placed in your name.
- The management and occupant certify that each has inspected the unit and have determined the unit to be decent, safe, and sanitary, prior to the occupancy of the unit.

### THANK YOU!!!

Thank you for completing this application to rent from us. Please note that a completed application requires submission of the following which will be copied and attached to this application.

- Social security card, Driver's license or sheriff's picture ID. Note: Rentals will not be shown without ID.
- If you are not a U.S Citizen here, we must also see your Alien Registration Card.
- Submit any proof of income.
- Two (2) weeks of most current pay stubs of each income source listed, optional.
- If self-employed, most current Schedule C tax return and proof of current income.
- We will accept the first qualified applicant.

# RENTAL APPLICATION

## APPLICANT'S PERSONAL INFORMATION

APPLICANT NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message/ Work #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date lived at this address \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_

Reason for moving out \_\_\_\_\_

Name of present landlord: \_\_\_\_\_

Phone or Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## HOUSEHOLD MEMBERS:

List all the occupants that will be moving in with you including childrens and your self.

LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY #	SEX	RELATION TO HEAD
				<b>SELF</b>

## INCOME HISTORY

### APPLICANT'S CURRENT EMPLOYMENT STATUS:

**Check one of the applicable status**

Full-Time:  Part-Time:

Student:  Retired:

Self Employed:  Unemployed:

Other: \_\_\_\_\_

### Primary source of employment

Name of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

### APPLICANT ADDITIONAL INCOME:

If there are additional verifiable sources of income you would like to considered, please list income source (e.g.' self employment, social security, benefit payment) and requested information below regarding source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need not be disclosed unless you desire this additional income to be CONSIDERED FOR QUALIFICATION.

Additional Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPLICANT BANK REFERENCE**

Name Of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPLICANT PERSONAL/PROFESSIONAL REFERENCES:**

**CHARACTER / PERSONAL REFERENCE:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**NAME OF CONTACT PERSON IN THE EVENT OF EMERGENCY:**

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home or cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

If management has a question regarding this application, please furnish the best contact number.

NAME OF CONTACT PERSON \_\_\_\_\_ PHONE #: \_\_\_\_\_

**APPLICANT GENERAL INFORMATION**

	<b>YES</b>	<b>NO</b>
Do you have renter's insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any water-filled furniture?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have pets?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever broke a lease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever refused to pay rent for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been evicted or asked to leave a rental unit?	<input type="checkbox"/>	<input type="checkbox"/>
Ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Will you give us permission to do a criminal background check?	<input type="checkbox"/>	<input type="checkbox"/>
Currently have any utilities in your name?	<input type="checkbox"/>	<input type="checkbox"/>
Currently have phone service in your name?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything to prevent you from placing utilities or phone in your name?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any reason which may interrupt your ability to pay rent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give owner or management permission to contract references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to notify the management know of any changes in family arrangements during the course of your tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a unit with special feature?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> check one of the following:		
Grab Rails <input type="checkbox"/>	No Stairs <input type="checkbox"/>	Wheelchair Accessible <input type="checkbox"/>
		Other _____

If applicant signature is missing application is considered incomplete.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CO-APPLICANT'S PERSONAL INFORMATION

CO-APPLICANT NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message/ Work #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date lived at this address \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_

Reason for moving out \_\_\_\_\_

Name of present landlord: \_\_\_\_\_

Phone or Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## INCOME HISTORY

### CO-APPLICANT'S CURRENT EMPLOYMENT STATUS:

#### Check one of the applicable status

Full-Time:  Part-Time:

Student:  Retired:

Self Employed:  Unemployed:

Other: \_\_\_\_\_

#### Primary source of employment

Name of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

### CO-APPLICANT ADDITIONAL INCOME:

If there are additional verifiable sources of income you would like to be considered, please list income source (e.g. self employment, social security, benefit payment) and requested information below regarding source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need not be disclosed unless you desire this additional income to be CONSIDERED FOR QUALIFICATION.

Additional Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CO-APPLICANT BANK REFERENCE

Name Of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CO-APPLICANT PERSONAL/PROFESSIONAL REFERENCES:

#### CHARACTER / PERSONAL REFERENCE:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work phone #: \_\_\_\_\_

### NAME OF CONTACT PERSON IN THE EVENT OF EMERGENCY:

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home or cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**CO-APPLICANT CONTACT INFORMATION**

If management has a question regarding this application, please furnish the best contact number.

NAME OF CONTACT PERSON \_\_\_\_\_ PHONE #: \_\_\_\_\_

**CO-APPLICANT GENERAL INFORMATION?**

**GENERAL INFORMATION**

	<b>YES</b>	<b>NO</b>
Do you have renter's insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any water-filled furniture?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have pets?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever broke a lease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever refused to pay rent for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been evicted or asked to leave a rental unit?	<input type="checkbox"/>	<input type="checkbox"/>
Ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Will you give us permission to do a criminal background check?	<input type="checkbox"/>	<input type="checkbox"/>
Currently have any utilities in your name?	<input type="checkbox"/>	<input type="checkbox"/>
Currently have phone service in your name?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything to prevent you from placing utilities or phone in your name?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any reason which may interrupt your ability to pay rent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give owner or management permission to contract references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to notify the management know of any changes in family arrangements during the course of your tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a unit with special feature?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> check one of the following:		
Grab Rails <input type="checkbox"/>	No Stairs <input type="checkbox"/>	Wheelchair Accessible <input type="checkbox"/>
		Other _____

If Co- Applicant signature is missing application is considered incomplete.

**CO-APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By signing below, applicant(s) hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration of for collection purposes should that become necessary. Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect the application will be rejected and subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

I (We) certify that I (We) are not manufacturing, using, storing, or selling dangerous controlled substances, and understand that I (We) will immediately require to vacate the premises if evidence of such is found on the premises or if I (We) are convicted of any crimes related to possession and or distribution of dangerous controlled substances.

I (We) hereby authorize MEDFORD BETTER HOUSING ASSOCIATION, INC. to inquire with a credit Association to check my (our)credit and criminal record. If I am (we are) disqualified from renting an apartment or a house because of such information. I am (we are) aware that I (We) can view said report at the Medford Better Housing Office.

If application signature is missing application is considered incomplete.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **LIST OF APARTMENT PROJECTS WE MANAGE**

<b>PROJECT NAME</b>	<b>ADDRESS</b>	<b># OF UNIT</b>
<b>CHIEF TYEE APRTMENT</b>	102 GARFIELD ST, ASHLAND OR	32
<b>EASTWOOD LIVING GROUP APTS</b>	636 NORTHWOOD ST, MEDFORD OR	40
<b>JOHNSTON MANOR APARTMENTS</b>	607 PARK ST, ASHLAND OR	17
<b>JULIA ANN APARTMENTS</b>	1050 SPRING ST, MEDFORD OR	58
<b>NORTHWOOD APARTMENTS</b>	777 NORTHWOOD, MEDFORD OR	36
<b>T'MORROW FOR THE ELDERLY</b>	1377 MORROW ROAD, MEDFORD OR	36

**WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW**

It is Illegal to Discriminate Against Any Person of Race, Color, Religion, Sex, Handicap, Familial Status,  
National Origin or Age.

1118 SPRING STREET, MEDFORD, OREGON 97504  
E-mail Address: [mbh5055@live.com](mailto:mbh5055@live.com) Fax #: (541)772-4199

## RENTAL REFERENCE REQUEST

Previous Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Or Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Address Rented: \_\_\_\_\_

The above applicant has applied for an apartment. The applicant has authorized release of their history. We ask your cooperation in providing the following information and fax, e-mail it or mail it back to Medford Better Housing Association. If you have any questions, please call (541) 772-4180.

I hereby authorize the release of requested information below.

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Printed Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Landlord's Only</b>	Yes	No	How many	General comments
Did the tenant give proper notice to vacate?				
Tenant still reside there?				
Is the tenant on the rental agreement?				
Is the tenant sharing the unit with co-tenant?				
Did Tenant pay rent when due?				
Any late payment?				
Any NSF checks?				
Issued 72 Hour Notice for non-payment of rent?				
Did landlord ever asked the tenant to vacate?				
Any documented complaints about the tenant?				
Any documented damages?				
Any unauthorized pets?				
Is tenant liable for any unpaid amount?				
Was there a deposit refund?				
Would you re-rent to this tenant?				

Move in Date: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ Move out Date: \_\_\_\_\_

I certify that the above information is true and correct.

Landlord (Printed Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to call: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to tenants: Relative:  Landlord:  Friend:

PLEASE MAIL TO THE ABOVE ADDRESS OR FAX TO NUMBER (541)772-4199  
THANK YOU FOR YOUR COOPERATION!!!



# MEDFORD BETTER HOUSING ASSOCIATION, INC.

P.O. BOX 4734 MEDFORD, OREGON 97501  
1118 SPRING STREET, MEDFORD, OREGON 97504

(541) 772-4180  
FAX: (541) 772-4199  
Assistance Phone: TTY 711

## EMPLOYMENT VERIFICATION

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Re: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant/Tenant Name

**RELEASE:** I hereby authorize the release of the requested information below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Sir or Madam,

\_\_\_\_\_ has applied to rent one of our rentals and has given your name as his/her employer.

To verify the information he/she has given to us on the rental application, can you please supply us with the needed information below? Please Fax or I have enclosed a self-address envelope for your convenience.

Thank you for your cooperation.

Sincerely,

Project Representative  
Medford Better Housing

Job Title of Applicant: \_\_\_\_\_

Full- time: \_\_\_\_\_ Permanent: \_\_\_\_\_

Salary \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

How long employed? \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_



WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW: It is Illegal to Discriminate Against Any Person of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin or Age.