



RENTAL APPLICATION

TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT TO AVAILABILITY



PROPERTY NAME / NUMBER Commons at Cedar Mill, LLC
 UNIT NUMBER _____ ADDRESS NW Barnes Rd. Portland, OR 97209
 DATE _____ TIME _____
 DATE UNIT WANTED _____ UNIT RENT \$ _____ SCREENING CHARGE \$ 40.00
 OWNER / AGENT Tandem Property Management, Inc. Agent PHONE 503.643.5434
1200 SW 66th Ave Ste 300
 STREET ADDRESS Portland OR 97225
 THIS PROPERTY HAS A SMOKING POLICY YES NO (ASK MANAGEMENT FOR DETAILS)
503.222.0007

APPLICANT

APPLICANT NAME _____ EMAIL _____
 DATE OF BIRTH _____ SOC. SECURITY # _____ DRIVER'S LICENSE # / STATE _____
 PRESENT STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 MOVE-IN DATE _____ APPLICANT PHONE (_____) _____ CELL (_____) _____
 CURRENT LANDLORD NAME _____ LANDLORD PHONE (_____) _____
 STREET ADDRESS (OR APARTMENT NAME) _____
 CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 FROM _____ TO _____
 FORMER LANDLORD NAME _____ LANDLORD PHONE (_____) _____
 STREET ADDRESS (OR APARTMENT NAME) _____
 CITY _____ STATE _____ ZIP _____
 OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

PRESENT EMPLOYER _____ PHONE (_____) _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 POSITION _____ HOW LONG? (DATE HIRED) _____
 GROSS PAY \$ _____ OTHER INCOME \$ _____ SOURCE _____
 PREVIOUS EMPLOYER _____ PHONE (_____) _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 POSITION _____ HOW LONG? _____

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.

RENT

UNIT RENT \$ _____
Sewer \$ 26.00
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

APPLICANT'S INITIALS _____

DEPOSITS

SECURITY DEP. MINIMUM \$ _____
 SECURITY DEP. MAXIMUM \$ _____
 (DEPENDS ON SCREENING RESULTS AND UNIT SIZE)
 OTHER _____ \$ _____
 OTHER _____ \$ _____
 OTHER _____ \$ _____
 OTHER _____ \$ _____
 OTHER _____ \$ _____

FEES

LATE RENT PAYMENT FEE \$ 75.00
 LEASE BREAK FEE (NOT TO EXCEED 1 1/2 X RENT) \$ _____
 DISHONORED CHECK FEE OF \$25 + BANK CHARGES _____
 SMOKE ALARM/CARBON MONOXIDE ALARM TAMPERING FEE \$ 250.00
 NON-COMPLIANCE FEE* \$ _____
 1. LATE PAYMENT OF UTILITY
 2. FAILURE TO CLEAN PET WASTE
 3. FAILURE TO CLEAN GARBAGE/RUBBISH
 4. PARKING VIOLATIONS OR IMPROPER USE OF VEHICLES
 *NOT TO EXCEED \$50 PER NON-COMPLIANCE

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REFERENCES

BANK _____ BANK _____

HAVE YOU ESTABLISHED RETAIL CREDIT? YES NO

LIST ALL OTHER OUTSTANDING DEBTS: (ATTACH ADDITIONAL SHEET IF NECESSARY) _____

BALANCE \$ _____ MONTHLY PAYMENT \$ _____

RELATIVE / PARENT _____ PHONE (_____) _____

ADDRESS _____

PERSONAL REFERENCE _____ PHONE (_____) _____

ADDRESS _____

HAVE YOU EVER BEEN EVICTED? YES NO IF YES, DATE _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY

OR MISDEMEANOR? YES NO IF YES, WHO _____ WHERE _____ WHEN _____

WHAT _____

OTHER OCCUPANTS

NAME	DATE OF BIRTH	VEHICLES	MAKE	MODEL	STATE	LICENSE PLATE #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHER

ANIMALS (SUBJECT TO APPROVAL BY MANAGEMENT) NUMBER & TYPE: _____

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

DO YOU HAVE RENTER'S INSURANCE? YES NO

APPROVAL

Why are you vacating your present place of residence? _____

Have you given legal notice where you now live? YES NO How did you hear about our property? _____

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY
Tandem Property Management, Inc. Agent

COMPANY NAME _____ 1200 SW 66th Ave Ste 300 _____ PHONE _____

ADDRESS _____ Portland OR 97225 _____

_____ 503 222 0007 _____

If the application is approved, applicant will have 72 hours from the time of notification to either execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

GOOD FAITH ESTIMATE

Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: _____ unit(s).

Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).

If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I have received and read the Owner/Agent's rental criteria.

APPLICANT _____ DATE _____ PICTURE I.D. VERIFIED _____

OWNER/AGENT Tandem Property Management, Inc. Agent DATE _____

OWNER/AGENT NOTES _____ 1200 SW 66th Ave Ste 300 _____

_____ Portland OR 97225 _____

_____ 503 222 0007 _____

TANDEM PROPERTY MANAGEMENT, INC.

TENANT SCREENING AND SELECTION PROCESS

1. **IDENTIFICATION** - Two pieces of identification, including at least one of the following: driver's license, state-issued picture I.D card, or passport.
2. **APPLICANT PROCESS** - Applicant is urged to review the screening criteria to determine if requirements can be met. Each applicant over 18 shall submit a *complete* application and pay the appropriate applicant screening fee(s). Acceptance or denial of the application may take up to 7 days. Upon acceptance, applicant(s) may be required to complete the rental agreement and pay applicable fees and/or deposits within 7 days.
3. **RENT TO INCOME RATIO** - Combined gross income of all applicants for each apartment shall be at least three (3) times the rental amount.
4. **SOURCE OF INCOME** - All sources of employment and non-employment income shall be legally obtained and verifiable. Verification of income shall be made by direct contact with the employer. Proof of earnings from self-employment shall be documented through income tax returns.
5. **DEBT TO INCOME RATIO** - The ratio of applicants' combined monthly debt and rental payment to gross income shall be no more than 40%.
6. **HOUSING REFERENCES** - The applicant(s) shall provide information necessary to verify current and previous rental history. Rental verifications obtained should contain no history of F.E.D.'s, late payments, NSF checks, or complaints and/or damages. If information cannot be verified, or if information is obtained from relatives, the landlord may require compliance with the variance policy (see item 11). If the applicant's previous housing has included home ownership, mortgage payment history shall be considered.
7. **CREDIT WORTHINESS** - A credit report will be run on applicants over 18. Applicant(s) history should be free of judgments, collections, charge-offs, bankruptcies and repossessions, should contain no more than eight (8) inquiries in a year, and should show no past-due balances or accounts over their credit limit.
8. **LIMITATIONS** - Occupancy must not exceed *two (2) persons per bedroom*. A bedroom is defined as a room whose primary purpose is for sleep, and which has a window, door, closet, and is near a smoke detector. Where applicable, an efficiency apartment shall house no more than one (1) person, and a studio no more than two (2) persons. A one bedroom apartment, studio apartment, and efficiency apartment are allowed to have only one (1) vehicle registered with the apartment community. A two-bedroom apartment is allowed to have a maximum of two (2) vehicles registered with the apartment community.
9. **DEMEANOR AND BEHAVIOR** - The behavior and demeanor of applicants during the application process will be taken into consideration.
10. **INCOMPLETE, INACCURATE, OR FALSIFIED INFORMATION** - Any information that is incomplete, illegible, inaccurate or falsified may be grounds to require compliance with the variance policy, or may lead to subsequent termination of the rental agreement upon discovery of falsified information.
11. **VARIANCE POLICY** - Failure to meet the screening criteria as stated above may result in the landlord's right to:
 1. *Deny the application;*
 2. *Require an additional security deposit of up to one months rent and/or*
 3. *Require a cosigner, who will also be required to meet the screening criteria.*
12. **WAITING LIST POLICY AND PROCEDURE** - Waiting lists are arranged by unit type and are maintained chronologically by the date received. It is the responsibility of the party(s) on the waiting list to contact the apartment office to determine if a suitable apartment shall be available.
13. **ARRESTS AND CONVICTIONS** - Arrests and/or convictions may be evaluated. The landlord may conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest, to any crime. Any individual whose occupancy could constitute a direct threat to the health or safety of other individuals or could result in physical damage to the premises shall be grounds for denial of the application. Pending charges or outstanding warrants for any of the above will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the application will be completed. No unit will be held waiting resolution of the pending charges.

Applicant(s) Signature: _____

Date: _____

Applicant(s) Signature: _____

Date: _____



NO-SMOKING ADDENDUM

DATE _____ PROPERTY NAME / NUMBER Commons at Cedar Mill LLC UNIT NUMBER _____

RESIDENT NAME(S) _____

Due to the increased risk of fire, increased maintenance costs, and the possible health effects of secondhand smoke, Owner/Agent is adopting the following no-smoking policy which covers all or a part of the Property (defined below). The following terms, conditions and rules are hereby incorporated into the Rental Agreement.

1. PROPERTY SUBJECT TO NO-SMOKING POLICY (Check paragraph that applies):

- The whole property is no-smoking including but not limited to all buildings, units, porches, patios, balconies, yards, garages, parking areas and other common areas (collectively the "Property").
- Only a portion of the Property is no-smoking.
 - The units (including porches, patios, balconies, yards, etc. within the building(s)) located at _____ are no-smoking, along with all common areas within 10 feet (OR) or 25 feet (WA) of the no-smoking buildings.
 - The following designated areas of the Property are no-smoking: _____
 - Resident's unit (including porches, patios, yard, etc.) is no-smoking. + Front Entrance Area
 - Resident's unit is in a smoking-permitted building.
 - Smoking is only permitted in the following areas: _____

2. DEFINITION OF SMOKING. The term "smoking" means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form.

3. NO-SMOKING PROPERTY.

- 3.1 (Complete Property). Resident agrees and acknowledges that the Property has been designated as a no-smoking living environment. Resident agrees that he/she will not smoke anywhere on the Property or adjacent to and within 10 feet (OR) or 25 feet (WA) of any portion of the Property. Resident will not permit any guests or visitors of Resident to do so.
- 3.2 (Designated Portions of Property No-Smoking). Resident agrees and acknowledges that designated portions of the Property have been designated as no-smoking. Resident agrees that he/she will not smoke on the no-smoking portion of the Property and will not permit any guests or visitors of Resident to do so.
- 3.3 Resident agrees to inform all of his/her guests or visitors of the no-smoking policy and to require any guest or visitor who violates the policy to leave. Resident is responsible for the actions of his/her guests and visitors.
- 3.4 (Oregon & Washington). Oregon and Washington laws prohibit smoking in any space "open to the public" such as the rental office of the Property or within 10 feet (OR) or 25 feet (WA) of the entrances or windows of such public space. Resident agrees to comply with the applicable law and require his/her guests and visitors to comply also.

4. OWNER/AGENT NOT A GUARANTOR OF SMOKE-FREE ENVIRONMENT. Resident acknowledges that Owner/Agent's adoption of a no-smoking policy, and the efforts to designate all or some of the Property as non-smoking, do not make Owner or any of its managing agents the guarantor of Resident's health or of the smoke-free condition of the non-smoking portions of the Property. However, Owner/Agent will take reasonable steps to enforce the no-smoking policy. Owner/Agent is not required to take steps in response to smoking unless Owner/Agent has actual knowledge of the smoking and the identity of the responsible resident.

5. OWNER/AGENT DISCLAIMER. Resident acknowledges that Owner/Agent's adoption of a non-smoking living environment, and the efforts to designate all or portions of the Property as non-smoking, does not in any way change the standard of care that Owner/Agent has under applicable law to render the Property any safer, more habitable or improved in terms of air quality standards than any other rental premises. Owner/Agent specifically disclaims any implied or express warranties that the Property will have any higher or improved air quality standards than any other rental property. Owner/Agent cannot and does not warranty or promise that the Property will be free from secondhand smoke. Resident acknowledges that Owner/Agent's ability to police, monitor or enforce this Addendum is dependent in significant part on voluntary compliance by residents and residents' guests. Residents with respiratory ailments, allergies or other conditions relating to smoke are put on notice that Owner/Agent does not assume any higher duty of care to enforce this Addendum than any other Owner/Agent obligation under the Rental Agreement.

6. EFFECT ON CURRENT RESIDENT. Resident acknowledges that current residents residing on the Property under leases/rental agreements signed prior to adoption of this no-smoking policy may not be immediately subject to this no-smoking policy. As current residents move out, have current leases expire or enter into new leases/rental agreements, the no-smoking policy will become effective for them and their guests.

7. EFFECT OF BREACH. Resident understands and agrees with the conditions of this Addendum and that failure to adhere to any of the conditions of this Addendum will constitute both a material non-compliance with the Rental Agreement and a serious violation of the Rental Agreement. In addition, Resident will be responsible for all costs to remove smoke odor or residue upon any violation of this Addendum.

If checked, the effective date of this Addendum will be _____ when the Property is converting to no-smoking. If not checked, this Addendum is effective immediately.

X _____ DATE _____
RESIDENT

X _____ DATE _____
RESIDENT

X _____ DATE _____
RESIDENT

X _____ DATE _____
RESIDENT

Commons at Cedar Mill, LLC
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Portland, OR 97229
503 643 5434

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