

# MEDFORD ESTATES

3555 S. Pacific Hwy. #246 Medford Oregon 97501  
Ph: 541-535-3945 Fx: 541-535-6924

## RECEIPT FOR APPLICANT SCREENING INFORMATION/FEE DISCLOSURE

I, \_\_\_\_\_ and \_\_\_\_\_  
hereby acknowledge receipt of a proper applicant screening fee/information notice and  
disclosure form, provided to me under ORS 90.295 (3).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signed Name of Applicant

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signed Name of Applicant

# **MEDFORD ESTATES**

3555 S. PACIFIC HWY. #246 MEDFORD OREGON 97501  
PH: 541-535-3945 FX: 541-535-6924

## **NOTICE TO APPLICANTS FOR TENANCY**

Pursuant to Oregon Revised Statute 90.295 (3), Medford Estates Manufactured Home Community (hereinafter the "Park") hereby notifies you of the following information:

1. We have adopted written screening or admission criteria;
2. We are hereby giving you written notice of the following information:
  - (a) The amount of the applicant screening charge is **\$35.00** per person, and is not refundable under any circumstances;
  - (b) **Medford Estates Manufactured Home Community's** screening or admission criteria are as follows: they are in conformance with state and federal law and relate to pets, the number of occupants, rental history, criminal records and history, credit reports, credit references and incomes or resources of the applicant and employment references.
3. The process that the Park typically will follow in screening you is to use a tenant screening company, obtain and review credit reports, obtain and review public records, obtain and review criminal records, contact existing and former employers, contact existing or former landlords, and to make use of all other references which may have any bearing whatsoever upon the information referenced in your application;
4. You have the right to dispute the accuracy of any information provided to the Park by a screening company or credit reporting agency; and

# MEDFORD ESTATES

3555 S. PACIFIC HWY. #246 MEDFORD OREGON 97501

PH: 541-535-3945 FX: 541-535-6924

## APPLICANT SCREENING POLICIES

### APPLICATION PROCESS

1. Applications may be turned in prior to viewing a property.
2. We offer application forms to everyone who inquires about residency.
3. We review completed applications in the order in which we receive them.
4. We may require up to 7 days verifying information on an application.
5. If we are unable to verify information on an application, the application may be denied.
6. Upon park approval and the signing of a Rental Agreement, space rent and deposit (if applicable) will be due on the date of the Rental Agreement.
7. All application fees, deposits and/or space rent are to be paid by: check, cashiers check or money order.  
**ABSOLUTELY NO CASH WILL BE ACCEPTED!**
8. A **non-refundable** application fee of \$ 35.00 will apply for each ADULT APPLICANT 18 YEARS OF AGE AND OLDER.

### IDENTIFICATION

1. Applicant must show 2 pieces of Identification with at least one being a photo I.D.

### PRIOR RENTAL HISTORY

1. Rental histories of current and previous landlord references from unbiased/unrelated sources are required.
2. Applicants must provide us with the information necessary to contact past landlords.
3. We reserve the right to deny an applicant if, after making good faith effort, we are unable to verify prior rental history.
4. Prior eviction(s) may result in denial of application.

### SUFFICIENT INCOME/RESOURCES

1. Rent and House Payment (if applicable) shall be at a ratio of 33% of gross household income.
2. Income/Resources must be verifiable through pay stubs, employer contact, and/or current tax records.
3. Employment MUST be verifiable.
4. We use Safe Rent as a basis for determining qualification of tenancy.

### CREDIT/CRIMINAL/PUBLIC RECORDS CHECK

1. A credit check and/or criminal/public records check may be performed. Negative reports may result in denial of application. Any individual who is a current illegal Substance abuser, or has been convicted of the illegal manufacture or distribution of a controlled substance may be denied residency.
2. You will be denied residency and forfeit your application fee for any one of the following:
  1. Incomplete or misrepresentation of any information on your application.
  2. Eviction judgments (ever).
  3. Negative landlord reference and/or money due to a prior landlord.
  4. Felony conviction.



APPLICATION FOR RESIDENCY

Each Occupant must complete separate applications. (Except married couples.)

Community Name: 132-Medford Estates

Application is for Homesite #: \_\_\_\_\_

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

The following information is for the evaluation of all potential residents and for information in the case of an emergency. Information provided herein shall be used in relation to a lease contract and/or occupancy and will be kept strictly confidential.

APPLICANT (Personal Information)

APPLICANT'S Full Name: \_\_\_\_\_ Present Phone #: ( ) \_\_\_\_\_

Present Address: \_\_\_\_\_ Owned? \_\_\_\_\_ Rented? \_\_\_\_\_

City, State, Zip \_\_\_\_\_ How Long? \_\_\_\_\_

If Apartment or Mobile Home Park, Name: \_\_\_\_\_ Unit/Site #: \_\_\_\_\_

Manager/Landlord Phone No. ( ) \_\_\_\_\_ Mo. Rent/Mortgage Payment \_\_\_\_\_

Previous Address: \_\_\_\_\_ Owned? \_\_\_\_\_ Rented? \_\_\_\_\_

City, State, Zip \_\_\_\_\_ How Long? \_\_\_\_\_

If Apartment or Mobile Home Park, Name: \_\_\_\_\_ Unit/Site #: \_\_\_\_\_

Manager/Landlord Phone No. ( ) \_\_\_\_\_ Mo. Rent/Mortgage Payment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Date Started: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Previous Employer (if currently employed less than 5 years OR if presently retired, last employer)

Name: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

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

Marital Status: (Check One) Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

SPOUSE (Personal Information)

SPOUSE'S full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

SS #: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Date Started: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**ADDITIONAL OCCUPANTS**

List Names, Ages and Relationships of all persons (except Spouse) residing with you:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FINANCIAL INFORMATION**

<b>Monthly Income:</b>	<u><b>Applicant</b></u>	<u><b>Spouse</b></u>	<u><b>Total</b></u>
Gross Monthly Employment Income	_____	_____	_____
Social Security Income	_____	_____	_____
Pension Income	_____	_____	_____
Other Income (Source) _____	_____	_____	_____
<b>Total Monthly Income</b>	_____	_____	_____

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Active Ck Acct. #: \_\_\_\_\_ Active Saving Acct. #: \_\_\_\_\_

**Major Credit References (including Visa, Master Card, etc.):**

(1) \_\_\_\_\_ City/State: \_\_\_\_\_  
 (2) \_\_\_\_\_ City/State: \_\_\_\_\_  
 (3) \_\_\_\_\_ City/State: \_\_\_\_\_

Have you, your spouse, or additional occupant ever declared bankruptcy? Yes ( ) No ( ) please explain, including date:

**Home Information:**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_

Do you own your mobile home? \_\_\_\_\_ Is your mobile home financed? \_\_\_\_\_ **If Financed, please complete:**

Name of Mortgage Company: \_\_\_\_\_

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

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

Phone #: ( ) \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ Pmt. Date: \_\_\_\_\_ Acct. No. \_\_\_\_\_

**VEHICLE INFORMATION**

List all vehicles (including motorcycles, boats, motor homes, trailers, etc.)

Type:		Year:		Make:		State of Lic.		Plate #:	
Type:		Year:		Make:		State of Lic.		Plate #:	
Type:		Year:		Make:		State of Lic.		Plate #:	

**ADDITIONAL INFORMATION**

1. Have you, your spouse, or additional occupant been asked to terminate your residency, been evicted, or sued for non-payment of rent or damage to rental property? Yes ( ) No ( ). If **Yes**, please explain:  
\_\_\_\_\_
2. Have you, your spouse, or co-applicant ever been convicted of a felony? Yes ( ) No ( ). If **Yes**, please explain:  
\_\_\_\_\_
3. Have you, your spouse, or co-applicant ever been convicted of dealing, possessing or manufacturing illegal drugs? Yes ( ) No ( ) If **Yes**, please explain:  
\_\_\_\_\_
4. Your reason for leaving your present residence (reason for relocating)?  
\_\_\_\_\_
5. How were you referred to us?  
\_\_\_\_\_

**PETS**

Will there be a pet on the property? \_\_\_\_\_ If **Yes**, breed/weight? \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, notify (relationship): \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph. ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph. ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**AFFIDAVIT AND DISCLOSURE RELEASE**

The undersigned represents that all of the above statements are true and complete and hereby authorize Cal-Am Properties, Inc. to verify such information. False information provided shall be grounds for rejection of this application, non-return of application fees and deposits and termination of the right of occupancy. Any false statement may constitute a serious criminal offense under the laws of this state.

As part of our procedure for processing your application, an outside agency will make an investigative report and present it to us for review. This report may include a criminal background search, prior rental history, a driving record check, employment history, social security verification, and credit record inquiry. By signing this application you are releasing any and all persons, companies, agencies, or others from liability resulting from your background investigation. You are entitled to receive a disclosure of any and all information resulting from the investigation.

\_\_\_\_\_  
Signature of **Applicant**

\_\_\_\_\_  
Signature of **Spouse**

**FOR OFFICE USE ONLY**

Application ( ) Approved Date: \_\_\_\_\_  
( ) Rejected

This application is approved/rejected as of \_\_\_\_\_ and, if approved, shall become a part of the Lease Agreement between the parties hereto.

By: \_\_\_\_\_ Signature: \_\_\_\_\_