

Membership Fee Agreement

Clackamas River Community Cooperative

16340 SE 135th Ave., Clackamas, OR 97015

Date _____

1 Agreement

I _____ hereby agree to purchase one Membership Interest in a non-profit cooperative corporation formed under 62.800. et seq. of the Oregon Revised Statutes.

2. Acceptance and Payment

If the Cooperative accepts this Membership Fee Agreement, I agree to pay the Membership Fee of \$100.00 determined by the Board of Directors for the Membership Interest as follows.

\$100.00 paid in advance as Joining Fee

3. Cooperative Ownership

I understand that the major purpose of Cooperative ownership is to permit the residents of the property, as Members of the Cooperative, to democratically manage and control our manufactured housing community .Upon acceptance of this agreement, I understand that I will enjoy all rights of membership as long as I remain current in my obligations under this Agreement, my lease, the Cooperative's Bylaws and Community Rules. I understand that as a member, I have a responsibility to participate in the management of the Cooperative. I agree to abide by the Cooperative's Bylaws and Community Rules.

4. Subordination

I understand and agree that any rights created by this Membership Fee Agreement are subject and subordinate to any mortgages or debts encumbering the Cooperative's property at any time.

5. No Assignment

I understand and agree that the Membership Agreement, Membership Interest, and all rights created by such cannot be transferred, assigned, or given away to any person or entity except the Cooperative.

6. Default

If I default in any of the obligations in this Agreement, and the default continues for more than 30 days after notice from the Cooperative, then, at the option of the Cooperative, I will lose the rights under the Agreement and my membership will terminate. I understand that termination of membership will also result in termination of my space lease with the Cooperative.

7. No Other Representations

All understandings and agreements made between the Cooperative and the members are Contained in this Membership Fee Agreement and the Cooperative's Articles of Incorporation, Bylaws and Park Rules. No other representations, oral or written, shall be considered a part of this Agreement. This Membership Fee Agreement cannot be changed except in writing, and approved by the Cooperative's Board of Directors and the member.

IN WITNESS WHEREOF, the undersigned has executed this Membership Fee Agreement on the date first above written.

- Member Signature	Member Space Number	Telephone Number

International Cooperative Alliance Principles

1st Principle: Voluntary and Open Membership

Co-operatives are voluntary organizations, open to all persons able to use their services and willing to accept the responsibilities of membership, without gender, social, racial, political or religious discrimination.

2nd Principle: Democratic Member Control

Co-operatives are democratic organizations controlled by their members, who actively participate in setting their policies and making decisions. Men and women serving as elected representatives are accountable to the membership. In primary co-operatives members have equal voting rights (one member, one vote) and co-operatives at other levels are also organized in a democratic manner.

3rd Principle: Member Economic Participation

Members contribute equitably to, and democratically control, the capital of their co-operative. At least part of that capital is usually the common property of the co-operative. Members usually receive limited compensation, if any, on capital subscribed as a condition of membership. Members allocate surpluses for any or all of the following purposes: developing their co-operative, possibly by setting up reserves, part of which at least would be indivisible; benefiting members in proportion to their transactions with the co-operative; and supporting other activities approved by the membership.

4th Principle: Autonomy and Independence

Co-operatives are autonomous, self-help organizations controlled by their members. If they enter to agreements with other organizations, including governments, or raise capital from external sources, they do so on terms that ensure democratic control by their members and maintain their co-operative autonomy.

5th Principle: Education, Training and Information

Co-operatives provide education and training for their members, elected representatives, managers, and employees so they can contribute effectively to the development of their co-operatives. They inform the general public - particularly young people and opinion leaders - about the nature and benefits of co-operation.

6th Principle: Co-operation among Co-operatives

Co-operatives serve their members most effectively and strengthen the co-operative movement by working together through local, national, regional and international structures.

7th Principle: Concern for Community

Co-operatives work for the sustainable development of their communities through policies approved by their members.

These principles can be found on the International Cooperative Alliance website at <http://www.ica.coop/al-ica/>.



Commonwealth

REAL ESTATE SERVICES

RESIDENT INFORMATION		
Name:		
Phone:	Email Address:	
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
VEHICLE INFORMATION		
License Plate Number:		
Make:	Model:	Year:
VEHICLE INFORMATION		
License Plate Number:		
Make:	Model:	Year:
VEHICLE INFORMATION		
License Plate Number:		
Make:	Model:	Year:
VEHICLE INFORMATION		
License Plate Number:		
Make:	Model:	Year:
HOMEOWNERS INSURANCE		
Insurance Carrier:		Policy Number:
Policy Expiration:	*YOU CAN ALSO ATTACH A COPY OF THE POLICY	
NAMES OF ALL OCCUPANTS RESIDING IN HOME		
Name:		
Name:		
Name:		

This Agreement is hereby attached to, incorporated in, and shall become a part of the Rental Agreement.

NAME OF COMMUNITY: _____ RENTAL AGREEMENT DATE: _____
TENANT(S): _____ PET AGREEMENT DATE: _____
ADDRESS: _____ SPACE #: _____
CITY: _____ STATE: Oregon ZIP: _____

The definition of a pet is a domestic dog or cat
DESCRIPTION OF PET(S)

TYPE: DOG/CAT (Circle One) NAME: _____ BREED: _____ COLOR: _____
SEX: MF (Circle One) HT. _____ WT. AT MATURITY: _____ SPAYED/NEUTERED? YES/NO (Circle One)
LICENSE #: _____ MICROCHIP #: _____ AGE OR DATE OF BIRTH: _____
IF APPLICABLE, PROOF OF: <input type="checkbox"/> INSURANCE. <input type="checkbox"/> LICENSING. <input type="checkbox"/> IMMUNIZATION. <input type="checkbox"/> MICROCHIPPING. <input type="checkbox"/> SPAYING/NEUTERING. <input type="checkbox"/> PHOTO.
=====
TYPE: DOG/CAT (Circle One) NAME: _____ BREED: _____ COLOR: _____
SEX: MF (Circle One) HT. _____ WT. AT MATURITY: _____ SPAYED/NEUTERED? YES/NO (Circle One)
LICENSE #: _____ MICROCHIP #: _____ AGE OR DATE OF BIRTH: _____
IF APPLICABLE, PROOF OF: <input type="checkbox"/> INSURANCE. <input type="checkbox"/> LICENSING. <input type="checkbox"/> IMMUNIZATION. <input type="checkbox"/> MICROCHIPPING. <input type="checkbox"/> SPAYING/NEUTERING. <input type="checkbox"/> PHOTO.
FAILURE TO PROVIDE THE DOCUMENTS BY _____ SHALL RESULT IN A NOTICE OF TERMINATION FOR AN UNAUTHORIZED PET(S).

Whereas the Tenant requests to keep a Pet(s) in the premises, and whereas the Rental Agreement or other documents prohibit the keeping of a Pet(s) without the permission of the Landlord; therefore, the Landlord grants to the Tenant permission to keep the aforementioned Pet(s) in the premises subject to mutual agreement between the parties of the following terms and conditions as well as existing laws and/or ordinances and the Tenant's Rental Agreement and Rules and Regulations:

1. The Pet(s) shall be on a leash not longer than 6' at all times when outside of the Tenant's home. Tenant shall be fully responsible for cleaning up after their pet(s) when outside the home. This shall include, but not be limited to, prompt removal of all feces, droppings, etc.
2. The Pet(s) shall not cause any sort of nuisance, damage (person or property) or disturbance to other Tenants, their guests, or any other third party(ies).
3. The Tenant shall be liable for any loss, damage, claims, or liability, including attorney fees (collectively "damages"), directly or indirectly caused by the Pet(s).
4. The Tenant shall not allow any pet to live outside Tenant's home.
5. All pet food and food dishes must be stored inside the Tenant's home. Outside feeding is prohibited.
6. The Tenant agrees to full compliance with the Rules and Regulations regarding control, number, type, size, breed of the Pet(s), etc.
7. The Tenant shall maintain, at all times, a policy of general liability insurance in a company satisfactory to Landlord, with coverage of not less than \$250,000 naming Landlord as co-insured for the purpose of receiving notice of cancellation. As a point of clarification, Landlord only wants to be an "interested party" for the sole purpose of being notified in the event of cancellation of Tenant's insurance policy. Said policy shall provide insurance coverage in the event of any claims, damages or liability arising as a result of any injuries to other Tenants, their guests or other third parties directly or indirectly caused by Tenant's Pet(s). Said policy shall include a provision that Landlord must be notified prior to cancellation. A copy of the policy shall be provided to Landlord together with evidence satisfactory to Landlord that the policy is in full force and effect for so long as the Tenant has the Pet(s) at this Community.
8. This Pet Agreement is hereby incorporated into the Tenant's Rental Agreement. In the event of a breach of this Agreement, Landlord shall have the right to levy a fine not to exceed \$50.00. All fines not paid within ten (10) days may be grounds for termination of tenancy. Notwithstanding the preceding, in the event of breach of this Pet Agreement, Landlord reserves the right in its sole discretion, to: (a) immediately terminate this Pet Agreement and demand removal of the Pet(s) and/or (b) terminate the Rental Agreement in accordance with Oregon law.
9. The Tenant shall immediately notify Landlord if the Pet(s) in any way inflicts any injury to anyone at any time or in any way damages the premises.
10. The Pet(s) described will not be replaced without the written agreement of the Landlord.
11. The Tenant shall disclose any injury that the Pet(s) has previously inflicted to anyone at any time prior to execution of this agreement.
12. The Pet(s) shall be in Tenant's control when outside the home.
13. The Pet(s) shall not be allowed to disturb the quiet and/or peaceful enjoyment of others.
14. The Tenant or any guest shall indemnify, defend and hold the Landlord harmless from and against any actions, suits, claims and demands including legal fees, costs and expenses arising from damage or injury to any person or property of others by any Pet(s) owned, kept housed or maintained by the Tenant.
15. The Tenant agrees to pay any damages, claims, or amounts determined to be due the Landlord for damage to the premises.

TENANT: _____
TENANT: _____
LANDLORD/AGENT: _____

To Prospective Residents:

Thank you for your interest in becoming a resident in a Commonwealth managed Community. This Community complies with all applicable Fair Housing laws, rules, and regulations. We strive to enforce strict resident acceptance policies consistent with the requirements of each community. Please note we provide equal housing opportunity to all persons and comply with all Federal, State and local laws regarding Fair Housing requirements. Reasonable Accommodations are provided, upon request, to applicants with disabilities. In order for you to become a resident of a Community, you must provide certain information and meet the following criteria:

1. Prospective occupants who are at least 18 years of age or emancipated minors must completely fill out and sign a rental application/authorization for a consumer report and criminal background check. All information on the application must be correct and legible. All applicants must qualify individually for residency. If one co-applicant does not qualify and the other does, we will have to deny approval for residency. If you refuse to fill out any part of the application or authorize us to run the necessary reports or provide any incomplete, inaccurate, or fraudulent information or references, we will deny your application for residency.
2. Applicants must provide two (2) pieces of identification, one with each applicant's photo from a government office (e.g., Driver's License, State ID Card, Passport) and each applicant's Social Security Card or proof of a Tax ID number.
3. Applicants must have a history of acceptable credit; five (5) years verifiable occupancy history (the most recent 5 years); and demonstrate an acceptable debt to income ratio.
4. Having a criminal history will not result in an automatic disqualification for tenancy in violation of state or federal law. Management will carefully evaluate all reported criminal history of an Applicant, based upon several factors, including but not limited to, the date and nature of the crime, its severity, its recency, and what efforts at rehabilitation the Applicant has undertaken. Applicants are encouraged to provide contact information for one or more persons familiar with his/her personal history, who can verify the Applicant's good faith attempts at rehabilitation. **Note: Applicants are required to authorize and pay for an out-of-state criminal background check(s) if they have lived outside the state in which they are applying for residency within the last five years. There is an additional non-refundable charge of \$15.00 per applicant, per state, for this additional screening.**
5. Applicants must be gainfully employed for (twelve) 12 months or longer with current employer or have verifiable and continuous periodic income from other sources, such as retirement, social security and/or disability. If the Community is either an "age 55 or older" or an "age 62 or older" Community, you must provide proof that you meet the age requirements. Applicants must provide documentation of all sources of income that are to be considered.
6. Any individual who is a current illegal substance abuser or has been convicted of the illegal manufacture or distribution of a controlled substance will be denied residency.
7. Any individual or pet/animal whose residency would constitute a direct threat to the health or safety of other individuals or whose residency would result in substantial physical damage to the property will be denied residency.
8. If pets are permitted, they must meet the requirements of state and local laws, ordinances, and the Community in regard to number, size, and breed (see Community rules and regulations). The definition of pets is domestic dogs and/or cats. The Community does not allow full or mixed breeds of exotic and/or wild animals, livestock, farm animals and certain breeds of dogs including, but not limited to: Akita, Blue Heeler, Chow, Doberman, German Shepherd, Pitbull, Staffordshire Bull Terrier, American Staffordshire Terrier, Rottweiler, Presa Canarios, and Wolf-hybrid.
9. Vehicles must meet community requirements regarding number, size, type and condition.
10. Occupancy may not exceed two (2) persons per bedroom, plus one (1) additional person per household.
11. Homes must be resident occupied – no sub-leasing (this includes renting bedrooms in home) or rentals.
12. Current laws permit the landlord to deny residency on the basis of, but not limited to: pets; vehicles; number of occupants; credit history; character references; criminal records; tenant history of eviction or property damage; rental history; unverifiable or insufficient income (excessive debt); or incorrect, incomplete, or unverifiable application information. Our policy complies with these laws.
13. If purchasing a home, all unpaid monies due for the home which applicant desires to purchase, must be paid in full (whether by seller, buyer or other) before any application may be approved.

We do not accept Comprehensive Reusable Tenant Screening Reports, commonly referred to as portable screening. A minimum non-refundable fee of \$45.00 must be paid by check or money order to begin processing each applicant. You will be notified as soon as possible regarding your application approval or denial. Rental Applications, once approved, are open for a period of sixty (60) days; a Rental/ Lease Agreement must be executed within that time, or approval will be withdrawn. If you choose to submit a new application, new application fees will also be due. If you have any questions on policies regarding qualifying as a resident in a Community, please address them with the Community Manager.

	Consumer Report	Out-of-State Criminal Background Check Required for residents living outside state of intended residency in the last 5 years
Each Applicant	\$45.00	\$15.00 per state

Thank you – Community Management



Commonwealth Real Estate Services
 18150 SW Boones Ferry Road
 Portland, OR 97224
 (503) 244-2300
 (503) 768-4660 Fax

RENTAL APPLICATION **FORM**
3

ON-SITE MANAGER USE ONLY:			
COMMUNITY NAME:		FEE(S) RECEIVED \$ _____ Consumer Report = \$45 per Applicant Out-of-State Report = \$15 per Applicant per Out-of-State	
		CHECK ONE: <input type="checkbox"/> Primary Resident <input type="checkbox"/> Additional Occupant	
Community Info	DATE RECEIVED:	MANAGER'S NAME:	COMMUNITY PHONE NUMBER:
	REQUESTED MOVE-IN DATE:	REQUESTED SPACE NUMBER:	RENT AMOUNT: LOAN PAYMENT
	TOTAL NUMBER OF APPLICANTS:	TOTAL NUMBER OF OCCUPANTS IN HOME:	NUMBER OF VEHICLES:
INSTRUCTIONS: Please print clearly and legibly – All information MUST be filled out - DO NOT LEAVE ANY SECTIONS BLANK – IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED			
WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER			
APPLICATIONS MUST BE COMPLETED BY ALL POTENTIAL OCCUPANTS 18 YEARS OF AGE OR OLDER AND/OR EMANCIPATED MINORS			
LEGAL NAME AS IT APPEARS ON GOVERNMENT ISSUED ID (FIRST, MIDDLE, LAST)			
SOCIAL SECURITY# / TIN:		DATE OF BIRTH:	SECONDARY GOVERNMENT ISSUED ID: <input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT
TELEPHONE:		EMAIL:	License #: _____ Exp. Date: _____ <input type="checkbox"/> Authorization to receive information via email
WE REQUIRE THE MOST RECENT FIVE (5) YEAR RESIDENTIAL HISTORY ON ALL APPLICATIONS AND APPLICANTS. ATTACH AN ADDITIONAL SHEET IF NECESSARY			
CURRENT ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	CURRENT MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
CURRENT LANDLORD NAME:	ADDRESS:	TELEPHONE:	
PREVIOUS ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
PREVIOUS LANDLORD NAME:	ADDRESS:	TELEPHONE:	
PREVIOUS ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
PREVIOUS LANDLORD NAME:	ADDRESS:	TELEPHONE:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHERE & WHEN?	OFFENSE?
HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHERE & WHEN?	REASONING?
PETS: <input type="checkbox"/> DOG(S) # _____ <input type="checkbox"/> CAT(S) # _____ <input type="checkbox"/> OTHER # _____ <input type="checkbox"/> NONE		BREED/WEIGHT AT MATURITY (IN POUNDS):	
IF OTHER, PLEASE SPECIFY:			
INCOME INFORMATION			
GROSS MONTHLY INCOME:		SOURCE OF INCOME	
FREQUENCY OF INCOME: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> SELF EMPLOYED ** tax return & bank statements (2 most recent report periods) <input type="checkbox"/> INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent reporting periods) <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> DISABILITY <input type="checkbox"/> EMPLOYED ** Two (2) months pay stubs <input type="checkbox"/> OTHER (Please explain) _____	
DATE OF HIRE:	HOW LONG RETIRED:		
IF EMPLOYED, PLEASE PROVIDE: NAME OF EMPLOYER:		POSITION:	TELEPHONE:
SUPERVISOR:	ADDRESS:		

OCCUPANTS UNDER AGE 18 (Attach additional sheet if necessary)						
OTHER INFORMATION	NAME	DOB	DRV. LIC. & STATE, STATE ID, OR PASSPORT #	SOCIAL SECURITY # / TIN	RELATIONSHIP	
VEHICLE INFORMATION						
	VEHICLE MAKE	YEAR	MODEL	LICENSE PLATE #	OTHER (RV, BOAT, ETC)	
<p>I/We certify that Community management has the right to refuse admission to any manufactured home if upon arrival at the Community, the home is not the same or in the same condition represented by the applicant in this application. Upon approval of this application, I/We will execute a written rental agreement and all other required documents prior to occupancy and within forty-five (45) days or approval for residency will be withdrawn. If I choose to submit a new application, a new application fee will be required.</p>						
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION						
<p>I/We certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize COMMONWEALTH REAL ESTATE SERVICES and its subsidiaries to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. False, fraudulent or misleading information or references as well as any returned check(s) for application fee(s) may be grounds for denial of tenancy or subsequent eviction.</p> <p>I/We hereby hold COMMONWEALTH REAL ESTATE SERVICES, its owners, agents and subsidiaries harmless from any liability for exchanging written or verbal information concerning my tenancy with prior landlords.</p> <p>By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including The Screening Pros, Manage America, CoreLogic, SafeRent, FAR, NCR, Origin and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports in working with any future collection actions).</p> <p>According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report.</p> <p>We acknowledge receipt of community's Screening Policy/Criteria. In addition to base application fees, I/we agree to pay directly to provider any and all additional fees and costs associated with obtaining information necessary to complete the application process.</p> <p>This application is not complete without payment of all required application fees by check or money order. This application will be denied upon failure to meet community's screening criteria and/or to provide required documentation, pursuant to law. Upon denial, landlord has no further obligation to consider this application.</p> <p>This application shall be automatically extended for an additional seven (7) days in the event all information necessary to complete this application is not provided to community within the time permitted by law.</p> <p>I, the undersigned applicant, do hereby certify that the information provided by me is true, accurate and complete to the best of my knowledge. Any copy of this document is as valid as the original.</p>						
PRINT FULL NAME:						
SOCIAL SECURITY NUMBER / TAX IDENTIFICATION NUMBER:			DATE OF BIRTH:			
CURRENT ADDRESS:						
CITY/COUNTY/STATE/ZIP:			<input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT #: _____ EXP DATE: _____			
APPLICANT'S SIGNATURE:			DATE:			



Employment History Verification Request

I have been retired for 2 years or longer

We have received an application from the person(s) named below to rent a space in our manufactured home community. Please fill out your response to the following questions and email (*preferred*) to: _____ or fax to: (____)_____. Prospective Tenant: _____

I _____ (*print name*) have applied for residency at _____ and stated that I am now or was formerly employed by you. My signature below authorizes verification of the following information.

Signature _____ Date _____

Current Employer: _____

Address: _____

Telephone: _____

Occupation _____

Supervisor _____ Employment Dates: _____ / _____
From To

Gross Monthly Salary: \$ _____ Full Time Part Time Temporary Self Employed

Do you anticipate that the applicant's employment will continue? Yes No

Previous Employer: _____

Address: _____

Telephone: _____

Occupation _____

Supervisor _____ Employment Dates: _____ / _____
From To

Gross Monthly Salary: \$ _____ Full Time Part Time Temporary Self Employed

Under penalty of perjury, I certify that the information provided is true and correct:

Employer Signature: _____ Date: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____



Rental History Verification Request

I have been residing with family for 5 years or longer I have owned my home for 5 years or longer

We have received an application from the person(s) named below to rent a space in our manufactured home community. Please fill out your response to the following questions and email (*preferred*) to: _____ or fax to: (____)_____. Prospective Tenant: _____

I _____ (print name) have applied for residency at _____ and stated that I am now or formerly rented housing from you. My signature below authorizes verification of the following information.

Signature Date

Current or previous address: _____
(Circle One)

Apartment or community name: _____

Address: _____ Space or Apt. #: _____

City: _____ State: _____ Zip: _____

Manager/Landlord Name: _____

Move-in and Move-out date(s): _____

Monthly rent: \$ _____ Did the tenant pay on time? _____ Any Returned Checks? _____

Was proper notice given? _____ Any complaints? _____

Roommates, pets, etc. not on lease? _____ Damage to unit or space? _____

Any notices issued? _____ Any notices filed? _____

Would you rent to the tenant(s) again? _____

Under penalty of perjury, I certify that the information provided is true and correct:

Landlord Signature: _____ Date: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____