

Oakhaven Shared

Housing Resident Application

INSTRUCTIONS: fill out completely, then fax to (888) 809-3644. Questions? Call Schana at (425) 610-7112. A summary of our rules is attached as additional information.

Full Name _____ Social Security # _____ Birth date _____

How can we reach you in reference to this application? _____

RENTAL HISTORY

Current Address _____ Apt# _____ City _____ State _____ Zip _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Previous Address (last 3 years) _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Have you ever been evicted? Yes _____ No _____

Have you had two or more late rental payments? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

EMPLOYMENT

Status: Full Time Part Time Student Unemployed

Employer _____ Supervisor Name _____

Dates employed _____ Job Title _____

Phone () _____ Wage \$ _____ per _____.

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want it considered in this application.

Amount \$ _____ Source/Contact Name _____

REFERENCES

Bank Accounts:

Name _____ Type of Account _____ Account Number _____

Name _____ Type of Account _____ Account Number _____

Personal Reference or Emergency Contact:

Name _____ Address _____

Phone _____ Relationship _____

Clinical Services Contact: (Please sign an Authorization to Release Information Form)

Name _____ Address _____ Phone _____

Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. I acknowledge that giving false information herein may constitute grounds for rejection, termination of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state. The above information, to the best of my knowledge, is true and correct.

Applicant Signature

Date

Applicant Name (please print)

AUTHORIZATION: RELEASE OF CREDIT, TENANT, CRIMINAL BACKGROUND, BANKING, EMPLOYMENT INFORMATION

I agree to permit an investigation of my credit, tenant history, criminal background, banking and employment for the purposes of renting an apartment with this owner/manager. I represent that all of the above statements are true and complete.

Applicant Signature

Date

Applicant Name (please print)

AUTHORIZATION: RELEASE OF INFORMATION

I agree to permit **Alpine Property Solutions** or its representative to release and/or exchange information as may be deemed appropriate.

Applicant Signature

Date

Applicant Name (please print)

WELCOME TO OAKHAVEN

Welcome! We provide a shared housing alternative to mainstream lodging rooms. This summarizes some key rules and expectations while living in this house.

_____ **1) YOUR ROOM-** You will be assigned a room and a key for that room. If you lose your key you will be charged for key replacement. There is to be no cooking or perishable food kept in your room. You will be expected to keep your room neat and clean. The property manager will have a key to your room and may gain access to your room if you are not at home by using this key after proper notice.

_____ **2) SMOKING-** There is no smoking permitted inside the home. Smoking is permitted outside in the designated area only.

_____ **3) DRUGS AND ALCOHOL-** Drugs and alcohol are NOT permitted on the premises. If you are found with either, this will be grounds for immediate expulsion from the premises. NO EXCEPTIONS!

_____ **4) COMMON AREAS-** There is a fully equipped kitchen for your use. If you have your own kitchen items and you choose to keep them in the kitchen you should label these items if you don't want them used by others. You will also be given cupboard and fridge space. You are expected to clean up after yourself in all common areas. There is a dining area furnished with table and chairs and this is where you should be eating. Eating in the Living area is discouraged. **LIVING ROOM-** The living room is available to you for visitors or television viewing. Television viewing hours are from 10am-11pm daily. Please be courteous of housemates and visitors if they are also in the living room. If the television becomes problematic or is causing problems between housemates it will be removed.

_____ **5) VISITORS-** You are permitted to have visitors between the hours of 11 am-8pm NO OVERNIGHT GUESTS, NO EXCEPTIONS . If you are to have more than one guest at a time at the house you will be

required to notify the property manager in advance. If these rules are not followed it could jeopardize your tenancy. Case Managers & Practitioners are exempt from this rule. Your guests are expected to follow all house rules. If you have a guest that does not comply they will be asked to leave and your visitor privileges will be reviewed.

_____ **7) TOLERANCE AND RESPECT-** The residents of the house have a wonderful opportunity to make new friends and share new experiences. Name calling, being rude, offensive or disrespectful to your housemates is strictly prohibited and will not be tolerated. This includes the use of profanity. If you have a genuine grievance you may take it up with the property manager. Physical violence of any kind will result in immediate expulsion from the residence. It is also imperative that we respect our neighbors. There is to be no yelling and no loitering outside of the house. This includes any guest you may have at the residence. Also no loud music--inside or out.

_____ **8) NO PETS OF ANY KIND-** without written permission of the management. This includes birds, rodents and fish.

_____ **9) PROPERTY DAMAGE-** If you are found responsible for any damages to the property you will be held financially responsible. This includes any improper usage of appliances and furniture as well as drains and toilets clogged by improper use.

_____ **9) EMERGENCIES-** In the event of a medical emergency or fire CALL 911, then if you are able, kindly contact the property manager to inform them as well. If you discover an urgent property issue such as leaks, floods, clogged sinks, showers or toilets please contact the property manager or landlord as soon as the issue is discovered to avoid further damage to the property.

Property Manager: Schana Odell

Phone: (425) 610-7112. Fax: (888) 809-3644

Alpine Property Solutions, LLC

4917 Evergreen Way #475, Everett, WA 98203