

RENTAL AGREEMENT OREGON



MOVE-IN
 TRANSFER
 OLD UNIT # -- FOR TRANSFER ONLY _____
 RENT TO START ON DATE _____
 LEASE RENEWAL
 EFFECTIVE DATE _____
 FILE CHANGES

PARTIES	DATE		PROPERTY NAME / NUMBER			
	RESIDENTS: (NAME ALL ADULTS)					
	PREMISES ADDRESS		UNIT #	CITY	STATE	ZIP
	OWNER / AGENT					
	ADDRESS		CITY	STATE	ZIP	

TENANCY	<input type="checkbox"/> LEASE TERM BEGINNING:		AND ENDING:	
	<input type="checkbox"/> CHECK IF EARLY TERMINATION PROVISION APPLIES.		AMOUNT: \$	(ONE MONTH RENT IF BLANK)
	<input type="checkbox"/> MONTH TO MONTH BEGINNING:		RENT DUE DATE (IF OTHER THAN FIRST):	

FINANCIAL TERMS	MONTHLY STATED RENT	\$	ACCOUNTING	RENT DUE AT MOVE IN	DUE	\$	
	OTHER	\$		FROM	THRU		
	OTHER	\$		SECOND RENT PAYMENT	DUE	\$	
	OTHER	\$		FROM	THRU		
	OTHER	\$		SECURITY DEPOSIT (REFUNDABLE)		\$	
	TOTAL MONTHLY CHARGES	\$		ADDITIONAL SECURITY DEPOSIT (PETS, ETC.)		\$	
	LATE CHARGE:	<input type="checkbox"/> FLAT FEE OF \$			PET FEE		\$
	(CHOOSE ONE)	<input type="checkbox"/> PER DAY @ \$			NON-REFUNDABLE FEES (DESCRIBE OWNER / AGENT EXPENSE)		\$
		<input type="checkbox"/> 5% OF STATED RENT EVERY 5 DAYS			OTHER MONTHLY CHARGES		\$
	RETURN CHECK CHARGE:	\$			<input type="checkbox"/> IF CHECKED, DEPOSITS WILL BE HELD BY OWNER.		
PRO-RATE METHOD:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (See #1 on page 2)						

OTHER OCCUPANTS	NAME	AGE OR DATE OF BIRTH	VEHICLES	MAKE/MODEL	STATE	LICENSE NO.	MOVE IN ACCOUNTING	RENT	+\$	_____	
									DEPOSITS	+\$	_____
									FEES	+\$	_____
									OTHER	+\$	_____
									PRIOR PAYMENT	-\$	_____
									EXECUTION DEPOSIT	-\$	_____
										\$	_____
								TOTAL DUE AT MOVE IN	+\$	_____	

SMOKE ALARMS: Resident acknowledges and the manager certifies that the Premises is equipped with a smoke alarm as required by ORS Chapter 479 and that the smoke alarm has been tested and is operable at this time. It is the Resident's responsibility to test the smoke alarm at least every six (6) months, replace dead batteries as required, and notify Landlord in writing of any operating deficiencies. Resident shall not remove or tamper with a functioning smoke alarm, including removing working batteries, and Owner may charge a fee of up to \$250.00 for any such conduct. I have received instructions on the proper use of the smoke alarm.

TYPE OF SMOKE ALARM:
 10 YEAR BATTERY
 ELECTRIC
 ELECTRIC WITH BATTERY BACK UP
INITIAL HERE _____

UTILITIES	PAID FOR/ PROVIDED BY OWNER	ELECTRICITY	WATER	SEWER	GARBAGE SERVICE	GARBAGE CONTAINER	BASIC CABLE	GAS	OTHER	PETS (NUMBER & TYPE- APPROVED BY MANAGEMENT) <input type="checkbox"/> WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTRUMENTS DO YOU HAVE RENTERS INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RESIDENT	<input type="checkbox"/>									
	THE FOLLOWING UTILITIES OR SERVICES PAID FOR BY TENANT WILL BENEFIT OTHER TENANTS OR MANAGEMENT.										
	ANY YARD INCLUDED IN THE LEASED PREMISES WILL BE MAINTAINED BY: <input type="checkbox"/> RESIDENT <input type="checkbox"/> OWNER / AGENT										

SPECIAL LEASE PROVISIONS AND/OR DISCLOSURES

I / WE HAVE READ AND AGREE TO THE TERMS AND CONDITIONS LISTED ON BOTH PAGES OF THIS CONTRACT.

RESIDENT X	DATE	RESIDENT X	DATE
IN CASE OF EMERGENCY NOTIFY:		STREET ADDRESS	PHONE
OWNER / AGENT X	DATE	IF APPLICABLE, REAL ESTATE BROKER APPROVAL	
		DATE	