

# RENTAL APPLICATION HOUSING AUTHORITY OF JACKSON COUNTY

2251 Table Rock Road Medford, OR 97501  
Phone: 541-779-5785 fax: 541-857-1118

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Property: \_\_\_\_\_

**Please note: You must complete the entire application and sign it in order for it to be processed. If an item is not applicable, please write N/A (not applicable)**

NAME OF APPLICANT \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**HOUSEHOLD COMPOSITION** List below all members of the household who will be residing in the apartment. List the name of the applicant first, including his/her first name, middle name, and last name.

Name: Last, First, Middle	Date of Birth	Disabled Y/N*	Sex	Race*	Social Security Number	Relationship to Applicant
1.						Applicant
2.						
3.						
4.						
5.						
6.						

*\*For statistical purposes only; not for determining eligibility. Applicant may choose not to answer this question.*

Are any applicants currently Students? Yes \_\_\_\_\_ No \_\_\_\_\_  
Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ (Full Time is defined as 5 months per year and usually 12 credit hours per semester)

List any names that have been used including MAIDEN NAME or any ALIASES:

\_\_\_\_\_

Do you have any animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what type(s)? \_\_\_\_\_

**Do you require a unit with special features?** Not Applicable ☐ Grab Rails ☐ No stairs ☐  
Wheelchair Accessible ☐ Hearing Impaired Smoke Detector ☐ Other \_\_\_\_\_

Have you or anyone in your household ever been convicted of drug related or violent criminal activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain: \_\_\_\_\_

Are you or any member of your household a registered sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_

**INCOME FROM EMPLOYMENT** - Please list only income from employment for members of the household 18 years or older.

Household Member Name	Employer Name	Employer Address	Hourly Wage	Number of Hours Per Week Worked

**OTHER INCOME** - Please provide amounts for the following if you or any member of the household receives or expects to receive payments including how often the payment is made (for example, monthly, weekly, every two weeks).

Sources of Income	Recipient's Name	Amount	How Often
Unemployment			
Social security			
Public assistance			
Pension or annuity			
Child support or alimony			
Interest, dividends, interest income from real or personal property			
Other:			

**ASSETS** - Please list information on assets held by members of the household

Account Type	Account Number	Bank	Balance
Checking			
Savings			
Trust Account			
CD			
Stocks/Bonds			

a. Do you own any real property? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, provide appraised value: \_\_\_\_\_

b. Do you have any other assets not listed above (**excluding household possessions/cars**)? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please list asset and current value: \_\_\_\_\_

Have you or anyone in your household ever been a tenant of any Housing Authority or any other federal housing program projects? Yes\_\_\_ No\_\_\_ Which one and when? \_\_\_\_\_

**RENTAL HISTORY – SEE ADDITIONAL RENTAL HISTORY IF YOUR HOUSEHOLD HAS MORE THAN ONE ADULT AND YOU HAVE NOT HAD A COMBINED HOUSEHOLD FOR THE LAST 5 YEARS APPLICANT NAME**

Have you ever been evicted?    YES   NO                                      Been sued by a landlord?    YES   NO

Please list the addresses of residences where you have lived within the last 5 years including the name, address, and telephone number of the landlord. We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history.

**1. CURRENT ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**2. PREVIOUS ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**3. PREVIOUS ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**4. PREVIOUS ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**5. PREVIOUS ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**6. PREVIOUS ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**7. PREVIOUS ADDRESS**

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From _____ To _____ Why did you move? _____				

**ADDITIONAL RENTAL HISTORY – APPLICANT NAME**

Have you ever been evicted?    YES    NO

Been sued by a landlord?    YES    NO

## 1. CURRENT ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

## 2. PREVIOUS ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

## 3. PREVIOUS ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

## 4. PREVIOUS ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

## 5. PREVIOUS ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

## 6. PREVIOUS ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

## 7. PREVIOUS ADDRESS

Number	Street	City	State	Zip
LANDLORD NAME			Relative or Friend?	YES   NO
LANDLORD ADDRESS			Phone	
DATE RENTED				
From		To	Why did you move?	

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### VERIFICATIONS AND SIGNATURES

I/we understand that failure to fully complete this application or by providing false information, this application may be rejected or, after moving, may result in eviction.

I/we agree to give the owner/owner's representative the authority to investigate and obtain my/our credit rating, current and past rental records, employment history, any sources of income to household, current/past utility records and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and will be held in confidence.

I/we agree that 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 tenancy.

My/our signature(s) below certifies that the statements made on this application are true and correct and gives Management consent to verify the information contained in this application.

I/we understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

**WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years or both."**

SIGNATURES - All adult members of the household must sign as either applicant or as co-applicant.

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APPLICANT

DATE

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CO-APPLICANT

DATE

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CO-APPLICANT

DATE

