



## **LONG CREEK SCHOOL DISTRICT # 17**

375 E. Main Street – P.O. Box 429

Phone: 541-421-3896

Fax: 541-421-3012

Karl Coghill  
Superintendent

Marsiellette Watson  
School Board Chair

### **Residential Rental Application**

#### **Property Owner:**

Long Creek School District #17  
375 E. Main St., Long Creek, OR 97856  
541-421-3896, ext. 301

#### **Rental Property Information:**

Address: 210 N. Bradley St., Long Creek, OR 97856  
Anticipated Possession Date: July 26, 2019  
The term of tenancy will be a one-year lease ending August 2020, with a possibility of an additional year's lease.

**Monthly Rent:** \$500

**Cleaning Deposit Fee:** \$300

#### **Applicant's Information:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**Dependents:**

**Date of Birth:**

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**Residential History:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Landlord/Lessor: \_\_\_\_\_

Landlord/Lessor's Phone Number: \_\_\_\_\_

Previous Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Landlord/Lessor: \_\_\_\_\_

Landlord/Lessor's Phone Number: \_\_\_\_\_

**Pets:**

Do you have a pet? Y/N If yes, how many? \_\_\_\_\_ Please describe type(s) of pet(s):

\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to contact my references and all other persons I have named in this application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_