



OREGON
**AGREEMENT TO EXECUTE
RENTAL AGREEMENT**



DATE _____ PROPERTY NAME / NUMBER _____
 APPLICANT NAME(S) _____
 _____ (COLLECTIVELY, "APPLICANT")
 OTHER AUTHORIZED OCCUPANT(S) _____
 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____

Owner/Agent requires an execution deposit of \$ **SAMPL** to hold the unit identified above.
 Owner/Agent acknowledges receipt of the execution deposit.
 Applicant shall pay the execution deposit within **SAMPL** hours. Failure to do so will result in Applicant forfeiting the unit.

MONTHLY CHARGES	SAMPLE	\$	SAMPLE
	SAMPLE	\$	SAMPLE
	SAMPLE	\$	SAMPLE
	SAMPLE	\$	SAMPLE
	SAMPLE	\$	SAMPLE
	SAMPLE	\$	SAMPLE
	TOTAL MONTHLY CHARGES	\$	SAMPLE

DEPOSITS	<input checked="" type="checkbox"/> If checked, a Move-In Accounting is attached, which includes deposits
	If no Move-In Accounting is attached, the Total Deposits Required are \$ SAMPLE
	Execution Deposit \$ SAMPLE

PORTLAND	City of Portland: If last month's rent is required at move-in, security deposit shall not exceed one half of one month's rent.
	Last Month's Rent \$ SAMPLE

FEES	THE EARLY TERMINATION FEE PROVIDED IN THE RENTAL AGREEMENT WILL NOT EXCEED 1 1/2 TIMES THE MONTHLY STATED RENT	
	DISHONORED CHECK FEE	\$35 + BANK CHARGES
	SMOKE ALARM/CARBON MONOXIDE ALARM TAMPERING FEE (NOT TO EXCEED \$250) (\$250 IF BLANK)	\$ SAMPLE
	HOA MOVE-IN FEE (THIS IS THE CURRENT AMOUNT. ACTUAL AMOUNT WILL CHANGE IF HOA CHANGES FEE)	\$ SAMPLE
	HOA MOVE-OUT FEE (THIS IS THE CURRENT AMOUNT. ACTUAL AMOUNT WILL CHANGE IF HOA CHANGES FEE)	\$ SAMPLE
	NON-COMPLIANCE FEES: WARNING FOR FIRST OCCURRENCE, FEE NOT TO EXCEED \$50 FOR SECOND OCCURRENCE WITHIN 12 MONTHS AND \$50 PLUS 5% OF RENT FOR THIRD OR SUBSEQUENT OCCURRENCE WITHIN 12 MONTHS FROM INITIAL WARNING	
	LATE RENT PAYMENT FEE: <input checked="" type="checkbox"/> FLAT AMOUNT OF \$ SAMPLE (CHOOSE ONE)	
	LATE FEE BECOMES DUE WHEN RENT IS NOT RECEIVED BY THE END OF THE 4TH DAY OF THE RENTAL PERIOD. <input checked="" type="checkbox"/> PER DAY @ \$ SAMPLE	
		<input checked="" type="checkbox"/> 5% OF STATED RENT EVERY 5 DAYS

OTHER	<input checked="" type="checkbox"/> If checked, renter's liability insurance required of at least \$ SAMPLE (\$100,000 IF BLANK) (STATUTORY EXEMPTIONS MAY APPLY)
	<input checked="" type="checkbox"/> If checked, approved co-signer must sign Co-Signer Agreement

TEANACY	<input checked="" type="checkbox"/> FIXED TERM BEGINNING: SAMPLE AND ENDING: SAMPLE
	<input checked="" type="checkbox"/> MONTH-TO-MONTH BEGINNING: SAMPLE
	RENT IS DUE ON THE SAMPLE DAY OF EACH MONTH (1 ST DAY OF EACH MONTH IF LEFT BLANK)

The execution deposit shall be retained or returned only under the following conditions: If Applicant pays the balance of total monies due at move-in and executes the Rental Agreement, Owner/Agent shall apply the execution deposit towards total monies due at move-in. If Applicant fails to pay the balance of monies due at move-in and/or fails to execute the Rental Agreement, Owner/Agent shall retain the execution deposit. If Applicant fails to execute the Rental Agreement due to Owner/Agent's failure to comply with this agreement, Owner/Agent shall mail the deposit to Applicant by first class mail.

If possession of the unit cannot be delivered to Applicant on the date specified, or because the applicant rejected the agreement due to the discovery of material defects relating to the premises' habitability, as described in ORS 90.32(1), the execution deposit shall be returned to Applicant, unless Owner/Agent and Applicant extend the date on which the unit will be delivered to Applicant.

If Applicant has executed this Agreement without first visiting the unit, Applicant's dissatisfaction with the unit at the time possession is delivered is not grounds to terminate this Agreement or obtain a refund of the execution deposit.

This Agreement will terminate and Owner/Agent will return the execution deposit if Applicant is using a Housing Choice Voucher and: (a) the housing authority does not approve the monthly rent as fair market rent; or (b) the housing authority does not complete its inspection and approve the Unit within **AMPL** days (14 if not filled in) of the date hereof.

X SAMPLE	SAMPLE	X SAMPLE	SAMPLE
APPLICANT	DATE	OWNER/AGENT	DATE
X SAMPLE	SAMPLE	SAMPLE	
APPLICANT	DATE	ADDRESS	
X SAMPLE	SAMPLE	SAMPLE	
APPLICANT	DATE	TELEPHONE	
X SAMPLE	SAMPLE	SAMPLE	
APPLICANT	DATE	EMAIL	
X SAMPLE	SAMPLE	SAMPLE	
APPLICANT	DATE		