

P.O. Box 5387, Eugene, OR 97405
Tel: (541) 344-4619 Fax: (541) 686-3573
Web: Brightapartments.com Email: Rentals@Brightapartments.com

Name(s): _____

Date: _____ Make checks payable to: _____

Building Name: _____ Address: _____

\$ _____ has been received as a reservation deposit for the execution of a rental agreement for the above identified unit on or before ____/____/____. Possession of the premises shall be on or before this date unless otherwise agreed upon by the parties.

1) If the applicant fails to sign the rental agreement and take possession on or before the designated date, the amount of the deposit shall be forfeited.

2) Landlord intends on having the unit ready by ____/____/____, however if it is not, tenant may elect to have their hold deposit returned to the applicant within four days. This is the only remedy available to tenant in the event the unit is not ready.

3) If the landlord and applicant execute the rental agreement and possession is transferred from the landlord to the tenant, the deposit shall be applied to any monies due.

Reservation for: House | Duplex | Apartment (Circle one)

Rent Start Date ____/____/____ Co-signer required? Yes | No

Type: Quad | Studio | 1 bedroom | 2 bedroom | 3 bedroom | 4 bedroom (Circle one)

Number of Occupants: _____ Pet(s) Allowed? Yes | No Type: _____

Month to Month OR Lease from ____/____/____ to ____/____/____

Rent Amt: \$ _____

Security Deposit: \$ _____ (refundable)

Administration Fee: \$ _____ (non-refundable)

Pet Deposit Fee \$ _____

Key Deposit: \$ _____ (refundable)

TOTAL \$ _____

Hold Deposit: (\$ _____) (this is subtracted from your total)

Due at Move-in \$ _____ *Cashier Check or Money Order Only please!*

Additional Agreements: _____

signature

signature

signature

Contact Phone Number(s): _____