

Olson Heritage Farmhouse Monthly Rental Application

PLEASE NOTE: Only WSU faculty, staff, students, and employees, or others who have an affiliation with WSU may stay in the Olson Heritage Farmhouse.

Name: (Last) _____ (First) _____

Student ID#: _____ Phone: _____

Current address: _____

City: _____ State: _____

Arrival date: _____ Departure date: _____

Key requested from shop: _____ By: _____

I understand the following:
 Other guests and residents may be living in the house; their privacy needs to be respected. There is a no smoking/no alcohol policy. The laundry room, kitchen, living room, and dining room are regarded as common areas. Dishes, food, cooking utensils, and soap may be the property of the residents, so please ask before using. Cupboards and shelves for general use items are labeled. Linens and towels are available in the guestrooms for use and need to be placed in the laundry hamper provided, before departure. Keys need to be returned to the administrative office and any problems reported upon leaving. Administrative Office hours are 8:00 to 5:00 daily, Monday through Friday. In the event that a departure time conflicts with the office hours, the key may be left in the drop box located on the front porch. Please insure that all doors are locked when you leave the house. If paying by IRI, please present a signed IRI at check-in. Entering/Exiting the Center/Olson House - Please exercise extreme caution when entering or leaving the highway (State Route 536). Often there is high traffic volume at high speeds! Left turns into the Center/Olson House, especially, can be dangerous (watch your rear-view mirror)!

MONTHLY RENT

- Student -1 bedroom & common area \$ 350.00/month
- Shared unit – up to 2 people 1 bedroom & common area \$ 450.00/month
 (Approval by Director required)

Total amount of rent collected: \$ _____ Check number _____ Cash _____

Monies received by: _____ Title: _____

I hereby acknowledge receipt of the key. I will return the key on (date) _____

Signature of Applicant: _____ **Date:** _____

Signature of NWREC Director: _____ **Date:** _____