

OXFORD SQUARE APARTMENTS

612 SOUTH COLLEGE AVENUE

OXFORD, OH 45056

1-513-523-5526

RENTAL APPLICATION

Apartment Address _____ Size _____ Occupancy Date _____
Today's Date _____ Monthly Rent _____ Security Deposit _____

Applicant's Name _____ Phone No. _____
Last First Middle

Date of Birth _____ Soc. Sec. No. _____ Marital Status _____

Spouse's Name _____ Age _____ Soc. Sec. No. _____

Other Occupants: Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____

1) Do you own a waterbed? _____ 2) How many autos do you and your family own? _____ 3) Do you have a cat or dog? _____

CURRENT ADDRESS:

Street _____
City/State _____ Zip _____
Landlord/Mortgage Co. _____
Landlord/Mortgage Co. Phone _____
Residency From (Mo./Yr.) _____
Reason for Moving? _____

PREVIOUS ADDRESS:

Street _____
City/State _____ Zip _____
Landlord/Mortgage Co. _____
Landlord/Mortgage Co. Phone _____
Residency From (Mo./Yr.) _____ to _____
Reason for Moving? _____

4) Are your rent payments current? _____ 5) Have you ever broken a lease agreement? _____ 6) Have you given notice to move? _____

CURRENT EMPLOYER:

Company Name _____
Address _____
Occupation _____
Supervisor _____
Gross Income \$ _____ Wk. _____ Bi-Wk. _____ Mo. _____
Average Hours Worked Per Week? _____
Employed From (Mo./Yr.) _____
Company Phone _____

PREVIOUS EMPLOYER:

Company Name _____
Address _____
Occupation _____
Supervisor _____
Gross Income \$ _____ Wk. _____ Bi-Wk. _____ Mo. _____
Average Hours Worked Per Week? _____
Employed From (Mo./Yr.) _____ to _____
Company Phone _____

Detail Other Sources of Income _____

7) Are you subject to an out-of-town job transfer? _____

BANKING: Checking Account # _____
Savings Account # _____

Bank Name/Branch _____
Bank Name/Branch _____

LIST ALL CURRENT INSTALLMENT /CHARGE ACCOUNTS:

Acct. Name _____ Mo. Payment _____

Acct. Name _____ Mo. Payment _____

Acct. Name _____ Mo. Payment _____

Acct. Name _____ Mo. Payment _____

Acct. Name _____ Mo. Payment _____

Acct. Name _____ Mo. Payment _____

8) Are your installment charge account payments current? _____

9) Have you ever filed bankruptcy? _____

In case of Emergency, Notify: Name _____

Address _____ Home Phone _____ Relationship _____

How did you select this apartment? Apt. Guide _____ Newspaper _____ Radio _____ Resident _____ Drive By _____

If resident referral, state name and address _____

I hereby attest that the information provided is accurate and true. Oxford Square Apartments is authorized to verify information, references and credit records as deemed necessary in processing this application. I understand my security deposit shall be forfeited as liquidated damages resulting from any misrepresentation of facts or my refusal to rent an apartment. The security deposit shall be refunded only if the application is not accepted. Upon approval, I will be signing a one-year's lease agreement.

It is agreed that Oxford Square Apartments or its agents shall not be liable if the premises are not ready for occupancy by the above date, as a result of holdover by the current occupants, or for any use or reason beyond direct control of Oxford Square Apartments.

Applicant's Signature _____ Date _____ Agent _____

Type: New _____ Trans. _____ Sub. _____ Cosigner _____

Determination: _____

Sp./Pro. _____

Exception/Reasons _____

Deposit Amt. Paid _____ How _____

Date/Time Called In _____

Application Advised By _____