RENTAL APPLICATION (Required for Each Adult Tenant)

Your signature below authorizes disclosure of consumer report, credit report, rental history or reference, criminal record, civil record, employment verification and any other available records. Unfavorable entries in such reports may result in denial of the application. After completing this form, fax it toll free to 1-877-355-3114, or scan it and e-mail it to mb73013@gmail.com, or send a legible photograph of it to 405-429-9780. Neither this application nor any verbal discussions constitute a lease agreement nor a promise to lease. Only a written lease agreement sets forth the terms of any lease. Tenant warrants the truth of all statements made on this application.

Full Name:			Spouse's/Roon	nmate's Ful	l Name:			
Date of Birth:			Spouse's/Roon	nmate's Dat	te of Birth:			
Social Security Number:			Spouse's/Roon	nmate's Soc	. Sec. No.:			
Driver's Lic. No. & State:			Spouse's/Roon Driver's Lic. No					
Telephone:			Spouse's Room	nmate's Tele	ephone:			
E-mail:			Spouse's/Roon	nmate's E-m	nail:			
Employer:		Spouse's/Roommate's Employer:						
mployer Address:			Spouse's/Roommate's Employer's Address:					
Employer Phone:			Spouse's/Roomr	nate's Emplo	yer's Phone:			
Length of Employment:	of Employment:			Spouse's/Roommate's Length of Employment:				
Monthly Salary:			Spouse's/Roommate's Monthly Salary:					
Current Landlord & Phone:			Spouse's/Roommate's Current Landlord if Different:					
Current Address:		Spouse's/Roommate's Current Address if Different:						
Time at Current Address:		Spouse's/Roommate's Time at Current Address:						
Number and ages of Children:		ehicles:		Do you plan	Do you plan to keep pet(s):			
Name, Address, Phone No., and Relationship of Emergency Contact:								
Name, Address, Phone No., and Relationship of Another Emergency Contact:								
Have you ever been convicted of a felony:			Has your Spouse/Roommate ever been convicted of a felony:					
Comments:								
Signatures:								