OKLAHOMA REAL ESTATE COMMISSION

RESIDENTIAL LEASE APPLICATION

OFFICE USE ONLY	
Applicant Name (Last, First)	
Best phone number	
Best email	

Section 1. Rental Property/Lease Information Property Address: Lease End Date: Lease Start Date: Rent Amount \$ _____ payable in certified funds before or at time of possession. Security Deposit \$_____ payable in certified funds upon approval of application or \square to be prepaid in advance by certified funds, shall not be refunded if application is approved and applicant fails to execute a lease and take possession of the subject property. Prepaid security deposit shall be refunded if application is not approved. Deposit \$ payable in certified funds upon approval of application. Processing Fee. The Application and Credit Check Processing Fee is \$ for each credit report, payable in cash, certified funds at Processing Fee. The Application and Credit Check Processing Fee is \$_______ for each credit report, payable in cash, certified funds at time of application. <u>Employment, personal references, credit records, public records, current and previous property landlords' references and criminal records</u> may be checked as part of the processing of the application. This Processing Fee is NOT REFUNDABLE. Upon approval of application, applicant has the right to receive a copy of the lease for review for _____ days (3 days if left blank) before they are required to sign. NOTICE: The above Property is offered for lease without regard to sex, race, religion, color, handicap, familial status, age or national origin. Section 2. Applicant Information (A copy of photo identification for all applicants must be submitted with this application) **Applicant** Name: (First, Middle, Last) Soc. Sec. #:_____ - _____-Date of Birth: Best Phone #: Work#:_____ Cell #: ____ Drivers Lic. #: Photo ID: Yes No In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) notification is to be made to: _____ Alt. Phone: _____ Must not be a co-applicant or someone who will be residing in the residence with you. Address: Relationship: _____ **Present Address Information Previous Address Information** Is present Landlord related to you? Was Landlord related to you? Address: Address: State: Zip: City:_____ State: Zip: How long? Years Months Rent/Mortgage Pmt. How long? Years Months Rent/Mortgage Pmt. Present Landlord/Mortgage Co: Present Landlord/Mortgage Co: Phone:____ Phone:___ Reason for Leaving: Reason for Leaving:

RESIDENTIAL LEASE APPLICATION (continued)

0 1- 1				
Current Employer:	Previous Employer:			
Position:	Position:			
Address:	Address:			
City: State: Zip:	City:	State: Z	Zip:	
How Long: Gross Monthly Income:	How Long:	Gross Monthly Income:	<u>:</u>	
Supervisor: Phone #:	Supervisor:	Phor	ne #:	
Other Income: Source:				
Do you have a checking/savings account?NoYes, if yes what ba	ank?			
Have you ever:				
Filed for bankruptcy?NoYes, if yes date of discharge?				
Been evicted?NoYes, please explain				
Broken a lease?NoYes, please explain				
Been convicted of a felony/misdemeanor?NoYes, for				
Been sued for nonpayment of rent?NoYes, please explain				
Been sued for damage to rental property?NoYes, please expl	ain			
Name: (First, Middle, Last)				
Soc. Sec. #:	Date of Birth:			
Soc. Sec. #:		Cell #:		
Soc. Sec. #:	Work#:			
Best Phone #:	Work#: Drivers Lic. #:	Cell #:		
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name:	Work#: Drivers Lic. #: otification is to be made to: Phone:	Cell #:	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no	Work#: Drivers Lic. #: otification is to be made to: Phone:	Cell #: Photo ID:	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name:	Work#: Drivers Lic. #: etification is to be made to: Phone: the residence with you.	Cell #: Photo ID: Alt. Phone:	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the	Work#: Drivers Lic. #: etification is to be made to: Phone: the residence with you.	Cell #: Photo ID: Alt. Phone:	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the Address:	Work#: Drivers Lic. #: otification is to be made to: Phone: the residence with you. Relationship: Previous Address Info	Cell #: Photo ID: Alt. Phone:	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the Address: Present Address Information	Work#: Drivers Lic. #: wification is to be made to: Phone: the residence with you. Relationship: Previous Address Info	Cell #: Photo ID: Alt. Phone: ormation	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the Address: Present Address Information Is present Landlord related to you?	Work#: Drivers Lic. #: otification is to be made to: Phone: the residence with you. Relationship: Previous Address Info Was Landlord related to Address:	Cell #: Photo ID: Alt. Phone: ormation o you?	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the Address: Present Address Information Is present Landlord related to you? Address:	Work#: Drivers Lic. #: otification is to be made to: Phone: the residence with you. Relationship: Previous Address Info Was Landlord related to Address: City:	Cell #: Photo ID: Alt. Phone: ormation o you?	Yes	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the Address: Present Address Information Is present Landlord related to you? Address: City: State: Zip:	Work#: Drivers Lic. #: otification is to be made to: Phone: the residence with you. Relationship: Previous Address Info Was Landlord related to Address: City: How long? Years	Cell #: Photo ID: Alt. Phone: ormation o you? State: Zip	Yes o: age Pmt	No
Best Phone #: Email: In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) no Name: Must not be a co-applicant or someone who will be residing in the Address: Present Address Information Is present Landlord related to you? Address: City: State: Zip: How long? Years Months Rent/Mortgage Pmt	Work#:	Cell #: Photo ID: Alt. Phone: ormation o you? State: Zip Months Rent/Mortga	Yes o: age Pmt	No

RESIDENTIAL LEASE APPLICATION (continued)

Current Employer: Position: Address:		_ Previous l	Previous Employer:			
		Position:	Position:			
		Address:				
City:	State:Zip:	City:		State:Zip:		
How Long:	Gross Monthly Income:	How Lon	g:	Gross Monthly Income:		
Supervisor:	Phone #:	Supervis	or:	Phone #:		
Other Income:	Source:					
Do you have a checking	g/savings account?NoYes, if yes what bank	k?				
Have you ever:						
Filed for bankruptcy?	?NoYes, if yes date of discharge?					
Been evicted?N	oYes, please explain					
Broken a lease?	NoYes, please explain					
Been convicted of a	felony/misdemeanor?NoYes, for					
Been sued for nonpa	ayment of rent?NoYes, please explain					
Been sued for dama	ge to rental property?NoYes, please explair	n				
Name Pet information: List name, ages, breed	No other individuals shall occupy	Age the premises	other than tho	Relationship se named above.		
<u>Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Weight</u>	Age Neutered/Spayed Indoor Outdoor		
				No Yes		
				NoYes		
	No other pets shall occupy the	premises oth	er than those i	named above.		
Do you have Tenant's I	by the property? NoYes Homeowners Insurance Coverage? No ist automobiles trailers, boats, motorcycles, motor he					
_						
						
Make and Model:				License Plate #:		

Employment History

RESIDENTIAL LEASE APPLICATION (continued)

Section 5. Acknowledgement, Agreement and Authorization

Applicant(s) represents that all of the above statements are true and complete and authorizes verification of all of the above information by all means available, including employment, personal references, credit records, public records, current and previous property owners and criminal records by the Owner and/or Property Manager. Applicant(s) acknowledges that false information may constitute a breach of the lease entitling the Property Owner, at the Property Owner's option, to repossess the Property. Further, Applicant(s) expressly authorizes Owner and/or Property Manager (including a collection agency) to obtain Applicant(s) consumer credit report, which Owner and/or Property Manager may use if attempting to collect past due rent payments, late fees, or other charges from Applicant(s) both during the term of the lease and thereafter.

Applicant(s) also understands and agrees that this application will be retained by the Owner and/or the Owner's Property Manager whether or not approved. Applicant(s) understands and agrees that, in the future upon request, the Owner and/or the Owner's Property Manager will release information concerning the Owner's experience with Applicant(s) as an Applicant/Tenant(s). Applicant(s) understand and agrees that this application will not be processed without the "Processing Fee" set out in Section 1. Applicant further agrees and understands that this Processing Fee will NOT BE REFUNDED regardless of whether or not the Owner accepts this application for residency and the <u>Pre-paid Security Deposit</u> shall NOT BE REFUNDED if application is approved and applicant fails to execute a lease and take possession of the subject Property.

Applicant's Signature	Applicant's Signature					
Date	Date					
The undersigned Broker acknowledges receipt of the non-refundable processing fee.						
Broker's Signature	Date					
Office Use Only:						
Property Address being applied for:						
Security Deposit received onby	by					
Processing Fee received onby	by					