

Hometown Student Rentals
115 South Locust Street
Suite C
Oxford, OH 45056
Office: 513.523.3633
Fax: 513.280.6257

TENANT INFORMATION

*Every individual 18 and over must have their own application.
All security deposits must be paid when the lease is signed.*

PROPERTY ADDRESS: _____

Your Name: _____		Date: _____	
Permanent Address: _____			
Street Address		City	State Zip
Cell Phone #: _____		Work Phone # _____	
E-mail Address: _____			
Your Social Security # _____ - _____ - _____		Date of Birth: _____	
Driver's License # _____			

List all name who will be also living in the dwelling:

Do you own pets? _____ if yes, what type and how many? _____

Name of Current Landlord: _____
Lease start date: _____ Lease end date: _____
Have you been evicted? _____ If yes, why? _____

Vehicle Information
Year: _____ Model: _____ Color: _____
Plate: _____ State: _____

Emergency Contact Info:
Name: _____ Relationship: _____
Full Address: _____ Phone Number: _____

Parent 1 Info
Name: _____ Phone #: _____ Address: _____
E-mail: _____

Parent 2 Info
Name: _____ Phone #: _____ Address: _____
E-mail: _____

The undersigned does hereby state and swear that all information contained in this rental application is true and accurate. Providing false, incomplete or misleading information shall be cause for immediate termination of any subsequent lease agreement and/or occupancy at the option of the Lessor. Employers, landlords, references and others are hereby granted full permission to release any information requested by the Lessor.

Signature

Date