

Rental Application

Oklahoma Investment Group www.oig.biz

Springfield, Summer Pointe, Cinnamon Creek & Peppertree Apartments

Phone: (405) 364-5622; Fax: (405) 364-5126;

E-Mail or MSN IM: leasing@oig.biz

HOW DID YOU HEAR ABOUT US? Check one or more.

Drive by _____ Friend referral _____ Previous tenant _____ Other referral _____

PRINT AD: Transcript _____ Postcard _____ OU Daily _____ Phonebook _____

WEB AD: OIGNET. _____ Rent.net/move.com _____ Rent.com _____ Craigslist _____

Apartmentcities.com _____ Hub.ou.edu _____ Apartment Finder _____

Complex: _____ **Desired occupancy Date** _____

of Bedrooms Desired _____ **Townhouse** _____ **Apartment #** _____

Applicant # 1 Data:

Full Name _____

Social Sec # _____

Date of Birth _____

Single/Married _____

Number of children _____

Student: Yes No

Citizenship _____

Present Address:

City _____ **State** _____ **Zip** _____

Present Phone: _____

E-Mail: _____

Length of Time at Present Address:

Present Landlord:

Landlord Phone # _____

Current Rent per Month _____

Number of Roommates _____

Reason for moving _____

Previous Address:

Length of time at Previous Address:

Previous Landlord:

Landlord Phone # _____

Applicant #2/Co-Signer Data:

Full Name _____

Social Sec # _____

Date of Birth _____

Single/Married _____

Number of children _____

Student: Yes No

Citizenship _____

Present Address:

City _____ **State** _____ **Zip** _____

Present Phone: _____

E-Mail: _____

Length of Time at Present Address:

Present Landlord:

Landlord Phone # _____

Current Rent per Month _____

Number of Roommates _____

Reason for moving _____

Previous Address:

Length of time at Previous Address:

Previous Landlord:

Landlord Phone # _____

Emergency Contact: Name, Permanent Address & Phone

Phone: _____ **Relation** _____

Phone: _____ **Relation** _____

Dependents or other Residents

Relationship

Age

Employment Information:

Applicant #1
Employer Name and Employer Address:

Employer Phone _____
How long? _____
Position Held _____
Supervisor _____

Applicant #2/Co-Signer
Employer Name & Employer Address:

Employer Phone _____
How long? _____
Position Held _____
Supervisor _____

Vehicle Information:

Applicant #1
Make _____
Model _____
Year _____
Color _____
Tag _____
State _____

Applicant #1
Make _____
Model _____
Year _____
Color _____
Tag _____
State _____

Applicant #2
Make _____
Model _____
Year _____
Color _____
Tag _____
State _____

Applicant #2
Make _____
Model _____
Year _____
Color _____
Tag _____
State _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed, check my credit, check criminal history, and search for my name in national and/or state sex offender databases. I understand that this application may be denied as a result of information from such checks. I understand a deposit on an approved application is forfeited if applicant fails to move in and refunded if this application is denied. If I am unable or unwilling to provide a co-signer when requested, it will be considered a denial and the deposit will be refunded. Co-signer application is due within three days of landlord request. This application is not a contract that guarantees an apartment; it will reserve an apartment as they come available. If the type of apartment I desire is full, every effort will be made to accommodate me with another apartment or a transfer as soon as possible.

Applicant #1 Signature _____ Date _____
Applicant #2 Signature _____ Date _____

Please include a Photo Copy of your Drivers License with your Application.

***You must show your OG&E and ONG (only 900 sq. ft. TH) account number(s) prior to moving in.
*IF a cosigner is denied, applicant must pay additional \$25 fee for another co-signer. Fee must be paid before processing cosigner’s application.**

OFFICE VERIFICATION (DO NOT WRITE BELOW)

Rates Quoted on _____
By _____
May 14 _____ \$ _____
July 31 _____ \$ _____
Dec 31 _____ \$ _____

Copy of Photo ID
Landlord name and phone
Deposit Check
Employer supervisor name and phone
Check blended rates

I acknowledge the rates as provided above and understand the premium involved with shorter lease terms _____

Leasing Agent _____