Silvernail Realty 2000 NW 39th Oklahoma City, OK 73118 Phone 405 470-1700 FAX 405 470-1740 Cell 474-3305 **APPLICATION**

APPLICANTS' NAME:

(LAST)	(FIRST)	(MIDDLE)				
SSN:	DOB _	HOME I	PHONE	_ WORK PHONE			
CELL#	OTI	HER #					
CIRCLE ON	E: SINGLE	MARRIED	DIVORCED	WIDOWED			
PRESENT AI	DDRESS		CITY	St/Z			
HOW LONG? LANDLORDS N		OS NAME	PHONE				
REASON FO	R LEAVING						
IF LESS TH	AN 2 YEARS GIVE PRE	EVIOUS ADDRESS:					
ADDRESS		C	ITY	ST			
HOW LONG?LANDORDS NA		NAME	РНС				
REASON FO	R LEAVING						
NAME NAME		PHONE #		RELATIONSHIP RELATIONSHIP			
				RELATIONSHIP			
PLACE OF I	EMPLOYMENT:						
TITLE/OCCU	JPATION	AD	ADDRESS				
CITY	ST YEARS/M	ONTHS AT JOB	YEARLY INCOM	ИЕ \$			
OWNER/MA	NAGERS NAME		PHONE				
ANY OTHER SOURCE OF INCOME?			TYPE				
	MONTHLY INCOM	ΙE	MON	NTHLY DEBTS			
SALARY	\$	RENT	\$				
OTHER	\$	CAR PAY	MENT \$				
OTHER	\$	CREDIT C	CARDS \$				
OTHER	\$	OTHER	\$				
TOTAL	\$	TOTAL	\$				

CO-APPLICANTS' NAME:

(LAST)	(FIF	(FIRST)		(MIDDLE)		
SSN:	DOB	HOME PF	HONE WO	ORK PHONE		
CELL#	OTHER	#				
CIRCLE ON	IE: SINGLE	MARRIED	DIVORCED	WIDOWED		
PRESENT A	DDRESS		CITY	ST		
HOW LONG	? LANDLORDS	LANDLORDS NAME		PHONE		
REASON FO	R LEAVING					
IF LESS TH	AN 2 YEARS GIVE PREVI	OUS ADDRESS:				
ADDRESS CIT			Y ST			
HOW LONG	? LANDLORDS N	F	PHONE			
REASON FO	R LEAVING					
PLACE OF	EMPLOYMENT:					
TITLE/OCCU	JPATION	ADD	RESS			
CITY	ST YEARS	/MONTHS AT JOB	YEARLY INCO	ME \$		
OWNER/MA	NAGERS NAME		PHON	Е		
ANY OTHER	R SOURCE OF INCOME?		TYI	PE		
	MONTHLY INCOME		МОМТИ	LY DEBTS		
SALARY	\$	RENT	\$			
OTHER	\$ \$	CAR PAYM				
OTHER		CREDIT CA				
OTHER	\$ \$	OTHER	Φ.			
TOTAL	φ	TOTAL	\$ \$			
IUIAL	Φ	IUIAL	\$			

THE FACTS STATED HEREIN ARE COMPLETE AND TRUE. I UNDERSTAND THAT ANY FALSE STATEMENTS SHALL BE CAUSE FOR DISMISSAL OF APPLICATION.

NAME AND AGES OF ANY OTHER PEOPLE TO RESIDE AT RESIDENCE: DO YOU OR ANYONE TO RESIDE AT RESIDENCE SMOKE? YES NO HAS ANYONE TO RESIDE IN THIS HOME HAD A FELONY CONVICTION? YES NO NUMBER OF PETS _____ TYPE OF ANIMAL(s) _____ SIZE____ ANY PET AQUIRED AFTER BEGINNING OF LEASE REQUIRES APPROVAL FROM LANDLORD AND PET DEPOSIT. BREAKING OF PET RULES SUBJECTS TENANT(s) TO IMMEDIATE EVICTION AND LOSS OF ALL DEPOSITS. PROPERTY ADDRESS: HOUSE DEPOSIT \$ \$ _____ Each additional pet. PET FEE (if req.) RENT PER MONTH \$ _____ Due on first of each month. HAVE YOU EVER BROKEN A LEASE BEFORE? YES NO **ARE YOU RENTING NOW?** YES NO IF YES, WHEN IS YOUR LEASE UP? MOVE IN DATE YOU ARE LOOKING FOR? HAVE YOU HAD A RENT DEPOSIT FULLY OR PARTLY WITHHELD? YES NO DO YOU HAVE THE DEPOSIT AND FIRST MONTHS RENT? YES NO APPLICANT(s) IS AUTHORIZED A VERIFICATION OF CREDIT EMPLOYMENT SALARY AND RESIDENTIAL HISTORY(s). SIGNATURE OF APPLICANT: DATE: **SIGNATURE OF CO- APPLICANT:** DATE: