

Oakwood Property Management
701 W. HEFNER RD. OKC, OK 73114
RENTAL APPLICATION FORM
(405)848-1989 Phone (405)936-0818 Fax

Oakwoodpropertymgmt@gmail.com or www.oakwoodokc.info

All household members age 18 and older must read and sign this application. Please note that our screening process is the same for all tenants and that we screen all applicants in accordance with the fair housing laws.

Date _____ **House or Apartment** _____
Location _____

Do you receive housing assistance? _____ Yes _____ No

(i.e. Section 8 Vouchers)

If yes, type of assistance: _____

Name of organization providing assistance: _____

(i.e. Housing Authority name)

How long have you received housing assistance? _____

Please provide FULL NAME including Middle Name and Maiden Name if applicable

Name of Adult: _____ **Name of Adult:** _____

Address: _____ **Address:** _____

SS#: _____ **SS#:** _____

DL # _____ **State** _____ **DL #** _____ **State** _____

Date of Birth: _____ **Date of Birth:** _____

Phone: _____ **Phone:** _____

Alt Phone: _____ **Alt Phone:** _____

Email: _____ **Email:** _____

Please list all additional members of the household (including minors)

Name	Relationship	DOB	Age	SSN(If over 18)
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1. Do you or any of your family members have any special housing

accommodations? ____ Yes ____ No (i.e. Wheelchair access, lights for fire and smoke alarms, special assistance from a service dog, handrails, etc.)

If yes, please explain _____

Name of family member(s) requiring special accommodations: _____

2. Person(s) to notify in case of emergency:

Name: _____ **Relationship:** _____

Phone: _____

3. Rental history (2 year history required)

Current Landlord

Current Address: _____

Landlord's Name & Phone Number: _____

Current Rent:\$ _____ Number of Bedrooms: _____

Dates you lived there: _____ Did you fulfill Lease terms: _____

Why are you moving? _____

Previous landlord

Previous Address: _____

Landlord's Name & Phone Number: _____

Current Rent:\$ _____ Number of Bedrooms: _____

Dates you lived there: _____ Did you fulfill Lease terms: _____

Why did you move? _____

4. Have you ever been requested to leave or been evicted prior to the end of the lease term ? ____ YES ____ NO

If yes, please explain: _____

5. Have you or anyone who will be living with you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting in conviction)?

____ Yes ____ No

If Yes please explain:

6. Have you ever rented from Williams Properties/ Oakwood Property Mgmt. before? ____ YES ____ NO

If Yes: Address of Unit _____

Date Vacated _____

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7. Source of Income:(Job, SSI, SSID)_____

(Last 2 years)

Name of Wage Earner:_____

Present Employer: _____

Present Salary: _____ Your Position:_____

Address: _____

Date Employed: _____

Supervisor Name: _____

Work Phone Number: _____

Name of Wage Earner: _____

Present or Previous Employer: _____

Present Salary: _____ Your Position:_____

Address: _____

Date Employed:_____

Supervisor Name: _____

Work Phone Number:_____

Name of Wage Earner: _____

Present or Previous Employer: _____

Present Salary: _____ Your Position:_____

Address: _____

Date Employed:_____

Supervisor Name: _____

Work Phone Number:_____

8. Describe any other income below (i.e. TANF, child support, grants, etc.):

Source: _____ Amount:_____

Source: _____ Amount:_____

Source: _____ Amount:_____

ANY ADDITIONAL

COMMENTS:_____

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Oakwood Property Management appreciates your interest in renting a property from us. To avoid any misunderstandings or misconceptions, please read and sign the following:

1. No Pet Policy: No domestic or other animals are allowed anywhere on the premises without the WRITTEN consent of the Landlord. **(Definitely no Pit Bulls, Dobermans, Rottweillers, and/or other aggressive breeds).**
2. All utilities are required to be transferred into the Tenant's name and turned on **before** moving into the residence. In addition, if you are on the Section 8 Rental Assistance Program, your utilities must be on and in your name and you **must** have a refrigerator installed at the time of inspection. Failure to meet this requirement can affect your eligibility to receive assistance.
3. Tenants, (including guest(s) to the residence), shall not conduct on or about the leased premises any activity deemed criminal or extra hazardous, or a nuisance.

For Section 8 applicants only

Due to the fact that most houses fail on the 1st inspection for minor reasons, no deposit will be refunded. If the unit should fail on the 2nd inspection, the tenant may request to have their deposit refunded as long as the reason for failure was NOT due to a problem on the tenant part (i.e. failure to have utilities on, failure to have refrigerator etc).

Applicant Initial _____

Thank you for your cooperation

NOTICE

By signing this application, you acknowledge that you have personally inspected and approved the property located at _____. You understand that the property **is not move in ready** and there may be some matters in the unit that may need to be completed before you will be allowed to move in. APPLICANT Initial: _____

I/We certify that the information on this application is true, correct, and complete to the best of my/our knowledge. I/we understand that it is a criminal offense to make a willfully false statement or misrepresentation, and that doing so is cause for rejection (and forfeit of application). By signing below I/we authorize verification of the information above including, but not limited to, a comprehensive background screening and credit check.

I/We understand that copies of this application (with social security numbers blacked out) may be provided to previous landlords to aid in determining whether my application will be approved.

Applicant: _____ Date: _____

Applicant: _____ Date: _____