



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

### **General**

- No application fee.
- Submitting an application does **not** guarantee approval.
- Applications are reviewed in the order they are received.
- **All required items must be submitted together** before an application will be processed.
- Incomplete applications **WILL NOT BE ACCEPTED**

### **Application Requirements**

- Rental applications must be **fully completed**, signed and dated.
- A valid government-issued ID must be provided for **every household member age 18 or older**.
- **All adult applicants (18+) must sign the application** where required.

### **Proof of Income**

Income documents must be current and legible.

#### **Employment Income**

- If paid **weekly**: provide the most recent **8 consecutive paystubs**.
- If paid **biweekly**: provide the most recent **(4) consecutive paystubs**.
- If paid **semi-monthly or monthly**: provide the most recent **2 consecutive paystubs**.

#### **SSI/SSDI/FIXED INCOME**

- Current year award letter required.

#### **Self-Employment Income**

- Must provide proof of a **legal registered business/LLC**.
- Must provide current **1099 forms, and prior tax returns**.

#### **Future Employment/ Job offer**

- Future Employment may verify **employment status only**, not current income.
- A job offer letter alone is **not sufficient income qualification**.
- Additional verifiable current income or assets must also be provided for consideration.

### **Rental History/ Evictions**

- Evictions filed or entered within the last **12 months** will not be accepted.
- Evictions that are **3 years old or newer** may require:
  - Proof of a payment arrangement or satisfied balance, **or**
  - A **double security deposit**, if approved.

**You must bring your completed application along with ALL of your documentation to our office.**

**Thank You**



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- Additional rental history requirements may apply.

**Criminal Background**

Background checks may be conducted. Applicants with convictions involving the following may be denied:

- Murder/ Homicide
- Rape/ Sexual Assault
- Certain crimes involving children
- Other serious violent felonies, subject to review

**Section 8/Rental Assistance**

- Valid Section 8 voucher (if applicable).
- If expired, an extension letter must be provided.
- If another agency is assisting with move in costs, provide agency contact information and letter of intent on letterhead. Payment must be available at lease signing

Please be honest and thorough when completing your application. False, missing, or misleading information may result in denial.

**Thank you for your interest in Oakwood Property Management.**

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Signature

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Date

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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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Name	Relationship	DOB	Age	SSN(if over 18)
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Name	Relationship	DOB	Age	SSN(if over 18)
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Relationship	DOB	Age	SSN(if over 18)	Name
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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:**

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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 \_\_\_\_\_

**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: \_\_\_\_\_

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**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

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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 1<sup>st</sup> inspection for minor reasons, no deposit will be refunded. If the unit should fail on the 2<sup>nd</sup> 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: \_\_\_\_\_

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