

SCHOOL YEAR: _____
PROPERTY ADDRESS: _____

RE/MAX ALPHA PROPERTY MANAGEMENT

TENANT INFORMATION SHEET / RENTAL APPLICATION

Completed Parent Guarantee Form must accompany this form at the time you sign your lease.

Please print legibly.

Name: _____ Date of Birth: _____

Permanent Address: _____

Where will you live the academic year prior:

Who is the management company?

Do we have permission to contact them?

Yes

☐

No

☐

Cell #: () _____ Email: _____@miamioh.edu

Driver's License #: _____ State of Issuance: _____

A valid copy of your driver's license or passport must be attached to this form upon submission.

Make/Model/Color of Vehicle: _____

School Level in year of lease (circle one): JR SR GRAD Major: _____

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT PLEASE NOTIFY (do not list individuals living in the same residence):

Primary Contact

Name: _____ Relationship: _____

Address: _____

Home #: () _____ Cell #: () _____

Alternate Contact

Name: _____ Relationship: _____

Address: _____

Home #: () _____ Cell #: () _____

Please be sure to complete both sides of this form.

SCHOOL YEAR: _____

PROPERTY ADDRESS: _____

Parent/Legal Guardian Information (this information must be provided; if this information is the same as above, please indicate by checking this box ☐).

Name: _____ Relationship: _____

Address: _____

Home #: (____) _____ Cell #: (____) _____

Please list your roommates below:

_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned does hereby state and swear that all information contained herein is true and accurate. Providing false, incomplete or misleading information in this form shall be cause for immediate termination of any subsequent lease agreement and/or occupancy at the option of the Lessor. Lessor is granted permission to gather information regarding the applicant and to verify the validity of all information contained in the application, including the conduction of credit reports, before, during and after occupancy. Employers, landlords, references and others are hereby granted full permission to release any information requested by Lessor. Applicant's withdrawal of this form after submission may result in the retention of all or part of the posted security deposits as liquidated damages.

SIGNATURE: _____ DATE: _____

REMARKS:

Please return form to:

RE/MAX ALPHA PROPERTY MANAGEMENT
brianrevalee@gmail.com or kristindmarks@gmail.com
5995 Fairfield Road, Suite 3
Oxford, OH 45056

Initials of Leasing Agent: _____
Date Received: _____

Please be sure to complete both sides of this form.