

## Residential Property Lease Application

**Landlord:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PH 405-831-1952

**Property Address:** \_\_\_\_\_  
 \_\_\_\_\_

Each prospective tenant age 18 or older must submit an application. Landlord DOES NOT discriminate based on race, religion, ethnic background, sex, familial status, disabilities, marital status, sexual orientation or age. However, should the property that the applicant(s) desire to lease not meet the special accommodation(s) required by the applicant as stated in #9 below, landlord reserves the right to deny approval of the application.

### Applicant #1

|                         |      |    |  |
|-------------------------|------|----|--|
| Name:                   |      |    |  |
| Social Security #       |      |    |  |
| Home PH #               |      |    |  |
| Work #                  |      |    |  |
| Mobile PH #             |      |    |  |
| Email:                  |      |    |  |
| Date of Birth:          |      |    |  |
| Driver's License #      |      |    |  |
| State Issued:           |      |    |  |
| Marital Status:         |      |    |  |
| <b>Present Address</b>  |      |    |  |
| Street:                 |      |    |  |
| City, State, Zip        |      |    |  |
| Dates:                  | From | To |  |
| Monthly Pymt            | \$   |    |  |
| Landlord/Mort Co:       |      |    |  |
| Address:                |      |    |  |
| City, State, Zip        |      |    |  |
| PH #                    |      |    |  |
| <b>Previous Address</b> |      |    |  |
| Street:                 |      |    |  |
| City, State, Zip        |      |    |  |
| Dates:                  | From | To |  |
| Monthly Pymt            | \$   |    |  |
| Landlord/Mort Co:       |      |    |  |
| Address:                |      |    |  |
| City, State, Zip        |      |    |  |
| PH #                    |      |    |  |
| <b>Present Employer</b> |      |    |  |
| Employer:               |      |    |  |
| Position:               |      |    |  |
| Address:                |      |    |  |
| City, State, Zip        |      |    |  |
| Dates:                  | From | To |  |
| Gross Mtly Salary:      | \$   |    |  |
| Supervisor:             |      |    |  |
| PH #                    |      |    |  |

### Applicant #2

|                         |      |    |  |
|-------------------------|------|----|--|
| Name:                   |      |    |  |
| Social Security #       |      |    |  |
| Home PH #               |      |    |  |
| Work #                  |      |    |  |
| Mobile PH #             |      |    |  |
| Email:                  |      |    |  |
| Date of Birth:          |      |    |  |
| Driver's License #      |      |    |  |
| State Issued:           |      |    |  |
| Marital Status:         |      |    |  |
| <b>Present Address</b>  |      |    |  |
| Street:                 |      |    |  |
| City, State, Zip        |      |    |  |
| Dates:                  | From | To |  |
| Monthly Pymt            | \$   |    |  |
| Landlord/Mort Co:       |      |    |  |
| Address:                |      |    |  |
| City, State, Zip        |      |    |  |
| PH #                    |      |    |  |
| <b>Previous Address</b> |      |    |  |
| Street:                 |      |    |  |
| City, State, Zip        |      |    |  |
| Dates:                  | From | To |  |
| Monthly Pymt            | \$   |    |  |
| Landlord/Mort Co:       |      |    |  |
| Address:                |      |    |  |
| City, State, Zip        |      |    |  |
| PH #                    |      |    |  |
| <b>Present Employer</b> |      |    |  |
| Employer:               |      |    |  |
| Position:               |      |    |  |
| Address:                |      |    |  |
| City, State, Zip        |      |    |  |
| Dates:                  | From | To |  |
| Gross Mtly Salary       | \$   |    |  |
| Supervisor              |      |    |  |
| PH #                    |      |    |  |

| **A minimum of three (3) personal references must be provided for each applicant** |  |
|--|--|
| <b>Personal Reference #1</b>   |  |
| Name:  |  |
| Address:   |  |
| City, State, Zip   |  |
| PH #   |  |
| Relationship:  |  |
| <b>Personal Reference #2</b>   |  |
| Name:  |  |
| Address:   |  |
| City, State, Zip   |  |
| PH #   |  |
| Relationship:  |  |
| <b>Personal Reference #3</b>   |  |
| Name:  |  |
| Address:   |  |
| City, State, Zip   |  |
| PH #   |  |
| Relationship:  |  |

1. Do you or other occupants smoke or use tobacco products? ☐ Yes ☐ No
2. Will you or other occupants have a pet? ☐ Yes ☐ No

| Breed/Type | Name | Color | Weight | Age | Gender | Neutered   | Declawed   | Shots Current  |
|------------|------|-------|--------|-----|--------|--|--|--|
|            |      |       |        |     |        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |      |       |        |     |        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |      |       |        |     |        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. List the full name, relationship and age of ALL persons to be occupying the leased premises in addition to the applicant(s):

| Name | Relationship | Age |
|------|--------------|-----|
|      |              |     |
|      |              |     |
|      |              |     |
|      |              |     |
|      |              |     |

Notice: There may be NO change in tenants or pets without prior written approval of the Landlord. Approved changes may be subject to administrative charges and/or increase in deposit.

4. Please provide reason for leaving your current address:

---



---



---

5. HAVE YOU EVER BEEN EVICTED, SUED FOR NON-PAYMENT OF RENT OR DAMAGES, BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT, HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE? ☐ YES ☐ NO

If YES, please provide details of such occurrence(s):

---



---



---



6. Are you aware of any late payments, collections, liens, judgements, lawsuits or bankruptcy in your credit history? ☐ YES ☐ NO

If YES, please provide details of such occurrence(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you, any co-applicant or person occupying the premises ever been convicted of a felony? ☐ YES ☐ NO

If YES, please provide details of such occurrence(s): \_\_\_\_\_

\_\_\_\_\_

8. Are there other sources of income you wish to disclose in addition to amounts disclosed from the employment section? ☐ YES ☐ NO

If YES, please provide source, amounts and other documentation that may assist in the verification of other income:

\_\_\_\_\_

9. Please provide any additional information that you feel will strengthen your application and provide any special requests or **special accommodations** that you require:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What is your desired move-in date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. Please provide a photo copy of your driver's license with your completed and signed application.

The undersigned represents that all above statements are true and complete and hereby authorize verification of such information. Applicant(s) understand that any false information given shall be grounds for rejection of the application and forfeiture of application fee(s), deposit(s) and will terminate any right of occupancy. The undersigned authorizes the owner to utilize credit reporting services to obtain credit information regarding this application as well as access Oklahoma State Bureau of Investigations (OSBI) criminal history report. The undersigned acknowledges and understands that the application is not a contract that guarantees housing and in no way obligates the owner to execute a lease. The undersigned further agrees and understands that any funds put on deposit, after the approval of the application, are forfeited if the applicant fails to move in.

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Date

---

AUTHORIZATION TO RELEASE INFORMATION

The recipient of this application is authorized to obtain the following information:

- (1) Any information regarding my employment and income history with my current and/or previous employers;
- (2) Any information regarding my current or previous rental history and/or performance;
- (3) A copy of my consumer report (credit report) from any consumer reporting agency and any criminal background history and records.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date