



Rental Application

Davis Retirement Apartments Alice J Davis Retirement Apartments,
Billie Davis Retirement Village Davis Retirement Duplexes

310 North Street, Tahlequah, OK 74464 918-456-4000

FAX - 918-456-1936

PERSONAL INFORMATION

Name _____ Birthdate _____ SSN _____

Present Address _____ Telephone _____

City, State, and Zip Code _____

Driver's License # _____ State of Issue _____

Present Address Dates: from _____ to _____

Why are you leaving your present residence? _____

Rental History (or permanent address)

1. Address _____ Lease Term (length) _____

Owner/Manager _____ Telephone _____

2. Address _____ Lease Term (length) _____

Owner/Manager _____ Telephone _____

Have you ever been evicted? YES NO If YES, to whom and why? _____

Have you ever willingly refused to pay rent? YES NO If YES, to whom and why? _____

Date Apartment Needed _____

Roommate Name _____ Birthdate _____ SSN _____

PERSONAL REFERENCES (do not use family members)

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

EMPLOYMENT INFORMATION

Employer _____ Supervisor _____ Telephone _____

Title _____ From _____ To _____ Monthly Income _____

Employer _____ Supervisor _____ Telephone _____

Title _____ From _____ To _____ Monthly Income _____

CO-SIGNATORY INFORMATION (only necessary if no rental history)

Name _____ SSN _____ Relationship _____

Address (street, city, state, zip) _____

Telephone _____ Employer _____ Title _____

Supervisor _____ Years at Employer _____ Telephone _____

Rental Application

Davis Retirement Apartments, Alice J Davis Garden Apartments, Ellie Davis Retirement Village, Davis Retirement Duplexes

(continued)

CREDIT INFORMATION (beside account number mark "C" for checking or "S" for savings)

Bank _____ Account # _____ Telephone _____

Bank _____ Account # _____ Telephone _____

AUTOMOBILE INFORMATION

Make _____ Color _____ Year _____ Tag # _____ State _____

Make _____ Color _____ Year _____ Tag # _____ State _____

ADDITIONAL INFORMATION

Have you or anyone applying for residence in this unit ever been convicted of a crime? YES NO If YES, where, when and what was the charge? _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Relationship _____ Telephone _____

Address _____ Email _____

PLEASE READ BEFORE SIGNING: Failure to provide complete information, including daytime phone numbers for you and your references, will delay processing. Incomplete applications will not be processed.

This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than ___ days, then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A non-refundable screening fee of \$_____ will be collected to process this application.

Application Fee \$_____ Deposit \$_____ Amount Paid \$_____ Amount Still Due \$_____

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.

Applicant _____ Date _____

Applicant _____ Date _____

Co-Signatory _____ Date _____

Manager/Landlord _____ Date _____



Approved _____ Declined _____

Comments: