

EDGEWOOD ARMS APARTMENTS
1700 MOSHER DRIVE, ENID, OK 73703 580-234-0500
RENTAL APPLICATION

Personal Information

Name: _____ SS #: _____ D/L #: _____
 Phone: _____ Date of Birth: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Landlord: _____ Landlord Phone: _____
 Previous Address: _____
 (if above address is 12 months or less) _____ City: _____ State: _____ Zip: _____
 How Long There?: _____ Previous Landlord: _____ Landlord Phone: _____
 Personal Reference: _____ Phone: _____
 Personal Reference: _____ Phone: _____
 Emergency Contact: _____ Phone: _____
 Roommate/Spouse: _____ SS #: _____ D/L #: _____
 Phone: _____ Date of Birth: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Landlord: _____ Landlord Phone: _____
 Previous Address: _____
 (if above address is 12 months or less) _____ City: _____ State: _____ Zip: _____
 How Long There?: _____ Previous Landlord: _____ Landlord Phone: _____

Employment Information

Employer: _____ Address: _____
 Phone: _____ Hire Date: _____ Salary (month): _____
 Previous Employer (if less than 12 months): _____
 Phone: _____ Hire Date: _____ Salary (month): _____
 Roommate/Spouse Employer: _____ Address: _____
 Phone: _____ Hire Date: _____ Salary (month): _____

Other Information

Other persons to occupy apartment:
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Automobiles:
 Make & Year: _____ License: _____ State: _____
 Make & Year: _____ License: _____ State: _____
 Pets: None Dog Cat Other (specify): _____ Weight & Breed: _____
Pets: No more than 25 lbs fully grown, \$600 deposit, \$400 refundable.
 Do you smoke? Yes No

It is understood that the above information is confidential. The undersigned applicant(s) hereby certify that the above information is true and accurate and authorize verification of same and authorize a credit check. Security deposit for the apartment is refundable in the event that the application is rejected. In the event that applicant cancels this application more than twenty-four (24) hours after approval, the deposit is non-refundable. Please include check for \$45 application fee per person, \$55 for married couple. We are an Equal Opportunity Housing provider.

Applicant Signature: _____ Date: _____
 Roommate/Spouse: _____ Date: _____