

**Hometown Student Rentals**  
115 South Locust Street  
Suite C  
Oxford, OH 45056  
Office: 513.523.3633  
Fax: 513.280.6257

## TENANT INFORMATION

*Every individual 18 and over must have their own application.  
All security deposits must be paid when the lease is signed.*

**PROPERTY ADDRESS:** \_\_\_\_\_

Your Name: _____		Date: _____	
Permanent Address: _____			
Street Address		City	State Zip
Cell Phone #: _____		Work Phone # _____	
E-mail Address: _____			
Your Social Security # _____ - _____ - _____		Date of Birth: _____	
Driver's License # _____			

List all names who will be also living in the dwelling:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own pets? \_\_\_\_\_ if yes, what type and how many?

\_\_\_\_\_

Name of Current Landlord: \_\_\_\_\_

Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_

Have you been evicted? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_

Vehicle Information

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Plate: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact Info:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent 1 Info

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Parent 2 Info

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

The undersigned does hereby state and swear that all information contained in this rental application is true and accurate. Providing false, incomplete or misleading information shall be cause for immediate termination of any subsequent lease agreement and/or occupancy at the option of the Lessor. Employers, landlords, references and others are hereby granted full permission to release any information requested by the Lessor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date