



# Application for Residency

2516 12<sup>th</sup> Street, Huntsville, AL 35805    Dial 711 or 1-800-548-2546  
 Telephone 256-536-1209    Fax 256-533-0596    Relay Service    Hearing Impaired (TDD)

### EQUAL HOUSING OPPORTUNITY

Oxford Properties, Inc., and its management and employees are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

### Important: Please read instructions carefully!

Please completely fill in your application. If the requested information does not apply to you, please mark that blank "N/A" so we will not think the information was simply omitted. If you do not provide us with complete information, we will not be able to process your application successfully.

We do screen our applications carefully, and we verify all information provided to us on this application and from other sources available to us. We run a credit report, we verify employment, we check previous rental history and we perform criminal background checks. By making application for an apartment, you acknowledge that these verifications will be done, as well as other verifications we deem necessary in processing your application, and give us your permission to do so.

If there is any item on the application that you do not understand, please ask for assistance from the Manager. If there is additional information you feel that might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing. We welcome your suggestions as to how we might do that task better and more efficiently.

There is no charge for submitting an application on any property we manage, and we will do our best to process your application quickly and give you an answer within a reasonable time.

Applicants	First Name	MI	Last Name	Social Security No
Name of Applicant/ Head of Household				-
<input type="checkbox"/> Spouse or <input type="checkbox"/> Other Applicant				-

Please list all others who will occupy the apartment. Persons 18 years old and older must complete separate application.						
#	First Name	MI	Last Name	Social Security No	Date of Birth	Relation
1				-		
2				-		
3				-		
4				-		

Identification	Applicant/Head of Household	Spouse or Other Applicant
Date of Birth		
Driver's License (State & No)		
Vehicle Make, Model & Color		
Vehicle License (State & No)		
Name of Bank (Checking Acct)		
Checking Account Number		
Address of Bank		
Bank Telephone Number		

Current Residency	Applicant		Spouse or Other Applicant	
Telephone Numbers	Home	Cell	Home	Cell
Street Address and Apt No				
City, State, Zip				
Name of Apartment Complex				
Name of Landlord or Manager				
Address for Rental Verification				
Telephone Number of Landlord				
Date Moved In				
Monthly Rent				
Why you wish to move?				

First Prior Residency	Applicant	Spouse or Other Applicant
Street Address and Apt No		
City, State, Zip		
Name of Apartment Complex		
Name of Landlord or Manager		
Address for Rental Verification		
Telephone Number of Landlord		
Date Moved In / Date Moved Out	In                      Out	In                      Out
Monthly Rent		
Why did you move?		

Second Prior Residency	Applicant	Spouse or Other Applicant
Street Address and Apt No		
City, State, Zip		
Name of Apartment Complex		
Name of Landlord or Manager		
Address for Rental Verification		
Telephone Number of Landlord		
Date Moved In / Date Moved Out	In                      Out	In                      Out
Monthly Rent		
Why did you move?		

Third Prior Residency	Applicant	Spouse or Other Applicant
Street Address and Apt No		
City, State, Zip		
Name of Apartment Complex		
Name of Landlord or Manager		
Address for Rental Verification		
Telephone Number of Landlord		
Date Moved In / Date Moved Out	In                      Out	In                      Out
Monthly Rent		
Why did you move?		

Fourth Prior Residency	Applicant	Spouse or Other Applicant
Street Address and Apt No		
City, State, Zip		
Name of Apartment Complex		

Current Employment	Applicant	Spouse or Other Applicant
Name of Employer		
Address of Employer		
City, State, Zip		
Name of Supervisor or Manager		
Telephone Number of Employer		
Length of Time Employed		
Position		
Monthly Income		
Employee No and Department		

Credit References	Applicant	Spouse or Other Applicant
Reference No 1: Company		
Type Account and Account No.		
Contact Name		
Telephone Number		
Balance Owed		
Reference No 2: Company		
Type Account and Account No.		
Contact Name		
Telephone Number		
Balance Owed		

Contact in Emergency	Applicant	Spouse or Other Applicant
Name		
Telephone (Area Code & No)	Home Cell	Home Cell
Street Address		
City, State, Zip		
Nearest Relative		
Relationship		
Telephone (Area Code & No)	Home Cell	Home Cell
Street Address		
City, State, Zip		

Do you have other income, or are there other circumstances of which we should be aware in processing your application?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Size Apartment Desired (List order of preference) \_\_\_\_\_ One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom,

Date you would like move into the apartment  As soon as possible  One Week  Two-Weeks  \_\_\_\_\_

This application and its contents are considered to be a part of my (our) lease if my (our) application is accepted, and I (we) sign a lease. However, I (we) understand that I (we) acquire no rights to an apartment until I (we) sign a lease in the form submitted to me (us) and make a deposit on the apartment I (we) have selected. I (We) also understand that the deposit is to be held as long as I (we) occupy the apartment. I have been informed that I (we) may not have a pet on this complex without prior written approval of management and the payment of an additional pet deposit.

By submitting this application I (we) give my (our) permission for Oxford Properties, Inc., its agents or designees, to inquire as to my (our) past rental history, credit worthiness, employment, criminal history and/or such other investigations or approvals as Oxford Properties, Inc., in its sole judgement, may deem necessary in processing this application for residency. I (we) clearly understand that false or incomplete information on this application may be grounds for rejection of this application or for termination of tenancy after I (we) have moved into an apartment.

Witness my (our) hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Applicant/Head of Household	Spouse or Other Applicant
-----------------------------	---------------------------

OFFICE USE ONLY

Signature of Manager Receiving Completed Application	Date Completed Application was Received by Manager
------------------------------------------------------	----------------------------------------------------