

AMSCO Property Management

800 N. Main Stillwater, OK 74075

(405) 372-6462

RESIDENTIAL LEASE APPLICATION & INFORMATION

Rental Property/Lease Information

Property Address:

Number of tenants: _____

Lease START DATE: _____ Lease END DATE: _____

Monthly RENT AMOUNT: \$ _____ payable in certified funds before or at time of possession

Security Deposit \$ _____

_____ Prepaid security deposit **shall not** be refunded if application is approved and applicant fails to execute a lease and take possession of the subject property.

Prepaid security deposit shall be refunded if application is **not approved**.

Employment, personal references, credit records, public records, current and previous property landlords' references and criminal records may be checked as part of the processing of the application.

Upon approval of application, applicant has the right to receive a copy of the lease for review for _____ days (3 days if left blank) before they are required to sign.

NOTICE: The above Property is offered for lease without regard to gender, sex, race, religion, color, handicap, familial status, age, or national origin.

A copy of the applicant's photo identification will be required.

Occupant Information: (List Name, AGE, Relationship to other occupants other than Applicants)

Name **Age** **Relationship**

NO OTHER INDIVIDUALS SHALL OCCUPY THE PREMISES OTHER THAN THOSE NAMED ABOVE

PET POLICY

CIRCLE ONE:

Pets ALLOWED **Pets NOT ALLOWED**

FOR PETS ALLOWED:

List Name, Ages, Breed, and other requested information for pets

<u>NAME</u>	<u>BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>WEIGHT</u>	<u>Neutered/Spayed</u>	<u>Indoor or Outdoor</u>	<u>VET NAME</u>
_____					YES ___ NO ___	IN ___ OUT ___	VET: _____
_____					YES ___ NO ___	IN ___ OUT ___	VET: _____
_____					YES ___ NO ___	IN ___ OUT ___	VET: _____

No OTHER PETS SHALL OCCUPY THE PREMISES other than those named above.

GENERAL INFO:

Will any smokers occupy the property? YES ___ NO ___ (smoking inside can damage property)

Do you have Tenant's Homeowners Insurance Coverage? YES ___ NO ___ Insurance Company _____

SECTION 2: GENERAL INFORMATION

SECTION 3: VEHICLE INFORMATION

LIST automobiles, trailers, boats, motorcycles, motor homes, or commercial vehicles to be at the Property

STATE & LICENSE PLATE:	MAKE:	MODEL:	INSURANCE COMPANY:

APPLICANT INFORMATION (Section 4 to be filled out by everyone signing lease)

AMSCO 800 N Main St. Stillwater, OK 74075 405-372-6462

Lease application address: _____

Applicant:

NAME: (first, middle, last) _____

Social Security #: _____ Date of Birth: _____

Best Phone #: _____ Work Phone #: _____

Cell Phone #: _____

EMAIL: _____

Driver's License #: _____ PHOTO ID: YES _____ NO _____

Make, model, and License plate number of vehicle: _____

In Case of Emergency or Death (pursuant to Title 41 O.S. §130.1A) notification is to be made to:

*NAME: _____ Phone #: _____ Alternate Phone #: _____

(*Must not be a co-applicant or someone residing in the residence with you)

Address: _____ Relationship: _____

PRESENT ADDRESS INFORMATION

Is present Landlord related to you? _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

How Long? Years _____ Months' _____ Rent/Mortgage Pmt \$ _____

Present Landlord/Mortgage Co: _____

Phone: _____

Reason for leaving: _____

EMPLOYMENT HISTORY:

Current Employer: _____

POSITION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

How Long: _____ Gross Monthly Income: _____

Supervisor: _____ PHONE: _____

PREVIOUS ADDRESS INFORMATION

Was landlord related to you? _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

How Long? Years _____ Months' _____ Rent/Mortgage Pmt \$ _____

Present Landlord/Mortgage Co: _____

Phone: _____

Reason for leaving: _____

Previous Employer: _____

POSITION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

How Long: _____ Gross Monthly Income: _____

Supervisor: _____ PHONE: _____

APPLICANT INCOME INFORMATION

Have you ever:

-Filed for Bankruptcy? YES _____ NO _____

(if yes, list date of discharge) _____

-Been EVICTED? YES _____ NO _____

(if yes, please explain) _____

-Broken a LEASE? YES _____ NO _____

(if yes, please explain) _____

-Been Convicted of a FELONY/MISDEMEANOR? YES _____ NO _____

(if yes, please explain) _____

-Been SUED for NONPAYMENT of RENT? YES _____ NO _____

(if yes, please explain) _____

-Been SUED for DAMAGE to RENTAL PROPERTY? YES _____ NO _____

(if yes, explain) _____

Applicant(s) represents that all of the above statements are true and complete and authorizes VERIFICATION of all of the above information by all means available, including employment, personal references, credit records, public records, and current and previous property owners and criminal records by the Owner and/or Property Manager. Applicant (s) acknowledges that false information may constitute a breach of the lease entitling the Property Owner, at the Property Owner's option, to repossess the Property. Further, Applicant(s) expressly authorizes Owner and/or Property Manager (including a collection agency) to obtain Applicant(s) consumer credit report, which Owner and/or Property Manager may use if attempting to collect past due rent payments, late fees, or other charges from Applicant(s) both during the term of the lease and thereafter.

Applicant(s) also understands and agrees that this application will be retained by the Owner and/or Property Manager whether or not approved. Applicant(s) understands and agrees that, in the future upon request, the Owner and/or the Owner's Property Manager will release information concerning the Owner's experience with Applicant(s) as an Applicant/Tenant(s). Applicant(s) understand and agrees that this application will NOT be processed without the "Processing Fee" set out in Section 1. Applicant further agrees and understands that this Processing Fee will NOT BE REFUNDED regardless of whether or not the Owner accepts this application for residency and the Pre-Paid Security Deposit shall NOT BE REFUNDED if application is APPROVED and Applicant(s) fails to execute a lease and take possession of the subject Property.

Applicant's PRINTED NAME

Applicant's SIGNATURE

DATE