

**THE OXFORD COUNCIL OF CO-OWNERS
LEASE APPLICATION FORM**

Each applicant and co-applicant must submit the requested information.

Full Name of Applicant: _____

Real Estate Broker: _____ Agent Name: _____

Present Address: _____

Rent: _____ Own: _____ How long: _____ Type of Residence: _____

Reason for leaving: _____

Name, address and telephone number of present landlord (or mortgage lender): _____

Rent: _____ Own: _____ How long: _____ Type of Residence: _____

Reason for leaving: _____

Full Name of Co-Applicant: _____

Present Address: _____

Rent: _____ Own: _____ How long: _____ Type of Residence: _____

Applicant Information

Driver's License	State	Driver's License	State
Social Security Number	Date Birth	Social Security Number	Date Birth

Co-Applicant Information

EMPLOYMENT:

Employer	Employer
Profession	Profession
Supervisor	Supervisor
Address	Address
Phone Years	Phone Years
Previous Employment (If less than 3 years) Employer	Previous Employment (If less than 3 years) Employer
Supervisor	Supervisor
Phone Years	Phone Years

EMPLOYMENT:

Applicant: Personal References (Name and Address)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Co-Applicant: Personal References (Name and Address)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Occupants: Please list all persons who will be occupying the premises, including anyone under 18 years of age.

1. Name: _____ Age: _____ Relationship: _____
2. Name: _____ Age: _____ Relationship: _____
3. Name: _____ Age: _____ Relationship: _____
4. Name: _____ Age: _____ Relationship: _____
5. Name: _____ Age: _____ Relationship: _____

PETS: The Oxford Pet Policy restricts pets on premises to unit owners only and includes certain rules and regulations which must be observed. Tenants will not be permitted pets unless written permission of the landlord and rules and regulations which apply to homeowners will apply to any tenant owned pets.

Will you or other occupants have a pet? _____ Yes _____ No Kind: _____

Breed: _____ Weight: _____ Color: _____ Age: _____

VEHICLES:

Type of vehicle: _____ Year: _____ License #: _____ State: _____

Type of vehicle: _____ Year: _____ License #: _____ State: _____

OTHER: Please answer "Yes" or "No"

Applicant Co-Applicant

- | | | | | |
|--|-----|----|-----|----|
| 1. Have you ever been evicted? | Yes | No | Yes | No |
| 2. Have you ever been sued for non-payment of rent or damages? | Yes | No | Yes | No |
| 3. Have you ever been convicted of a felony? | Yes | No | Yes | No |
| 4. Do you have any outstanding liens or judgments? | Yes | No | Yes | No |
| 5. Are you now a party to a lawsuit? | Yes | No | Yes | No |
| 6. Have you had property foreclosed upon? | Yes | No | Yes | No |

If "Yes" to any of the above, please explain in an attached confidential letter.

CORRECT INFORMATION:

The undersigned represents that all of the above statements are true and correct and hereby authorizes the Oxford Council of Co-Owners to verify such information and provide any such information to the Lessor. Applicant also hereby authorizes the Oxford Council of Co-Owners to request a credit or other background investigation agencies to release applicable information relative to credit or other background information to the Oxford Council of Co-Owners which information may be used in the approval or rejection of this application.

Signature: _____

Date: _____

Signature: _____

Date: _____

OFFICE USE ONLY:

Information verified by: _____ Date: _____

APPLICATION APPROVED: _____ APPLICATION REJECTED: _____