

**OXFORD REAL ESTATE, INC.**  
**2021-2022 TENANT INFORMATION SHEET**  
Completed Parent Guarantee Form must accompany this form at the time you sign your lease.  
**PLEASE PRINT LEGIBLY!**

2021/2022 OXRE PROPERTY ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS (Where you are living now?): \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ @miamioh.edu

DRIVER'S LICENSE #: \_\_\_\_\_ Make/Model/Color of vehicle \_\_\_\_\_  
*A copy of your valid driver's license and/or passport must be attached to your Tenant Information Sheet*

SOCIAL SECURITY# (or PASSPORT# IF S.S.# IS NOT APPLICABLE): \_\_\_\_\_

SCHOOL LEVEL 2021/2022: JR. SR. GRAD. (Please circle one) MAJOR: \_\_\_\_\_

**All Semester rents are due and collected August 1<sup>st</sup> and December 1<sup>st</sup> ...NO EXCEPTIONS**  
**OXRE, Inc does not accept financial aid documents or provide extensions for Financial Aid. If you receive**  
**Financial Aid, of any sort, you must make arrangements to receive your aid by the dates indicated on your**  
**Lease Agreement. Failure to make payments on these dates will result in delays with your ability to take**  
**occupancy of the property and late fees will be collected.**

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT PLEASE NOTIFY: Do not list individuals living in the same residence (i.e. girlfriend, boyfriend, housemate).

Primary contact: NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PH#: \_\_\_\_\_ WORK PH#: \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

Alternate contact: NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PH#: \_\_\_\_\_ WORK PH#: \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENTS/LEGAL GUARDIANS INFORMATION: This information must be provided. If this information is the same as above please state that below.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PH#: \_\_\_\_\_ WORK PH#: \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAMES OF ROOMMATES:

\_\_\_\_\_  
\_\_\_\_\_

**EQUAL HOUSING OPPORTUNITY. LANDLORD MAKES THIS HOUSING AVAILABLE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS, DISABILITY (HANDICAP), MILITARY STATUS, OR ANCESTRY.**

The undersigned does hereby state and swear that all information contained herein is true and accurate. Providing false, incomplete or misleading information in this form shall be cause for immediate termination of any subsequent lease agreement and/or occupancy at the option of the Lessor. Lessor is granted permission to gather information regarding applicant and to verify the validity of all information contained in the application, including the conduction of credit reports, before, during and after occupancy. Employers,

landlords, references and others are hereby granted full permission to release any information requested by Lessor. Applicant's withdrawal of this form after submission may result in the retention of all or part of the posted security deposits as liquidated damages. Submit this form to Oxford Real Estate, Inc. 19 S. Beech St., Oxford, OH 45056.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Initials of Leasing Agent \_\_\_\_\_ Date \_\_\_\_\_