

OXFORD REAL ESTATE, INC.

19 S. BEECH ST., OXFORD, OH 45056
(513) 523-4532 ph - (513) 523-1489 fax

RENTAL APPLICATION

(A separate rental application must be completed by each person 18 or over)

PLEASE ANSWER ALL QUESTIONS AND PRINT LEGIBLY

PROPERTY ADDRESS APPLYING FOR: _____

Your Name: _____			Today's Date: _____	
Full First Name	Full Middle Name	Full Last Name		
Your Current Address: _____				
Street Address		City	State	Zip Code
Your Prior Address: _____				
As it appears on your credit report: Street Address		City	State	Zip Code
Your Home/Cell Phone # _____		Your Work Phone # _____		
E-Mail Address: _____				
Your Social Security # _____ - _____ - _____		Your Date of Birth: _____		
Your Driver's License # _____		State Driver's License Issued: _____		

How many total people will live in the dwelling? _____

Who else other than you will live in the dwelling and what is their relationship to you? _____

Do you own any pets? _____ If yes, what type and how many? _____

Who is your present landlord? _____

Name or Company

Street Address _____ City, _____ State, Zip Code _____ Phone Number _____

When did you move in? _____ When does your lease end? _____

How much is your present rent? _____ Why do you want to move? _____

Have you notified your landlord of your desire to move? _____ Is your landlord asking you to move? _____

Have you ever been evicted? _____ Why? _____

Who did you rent from before your current Landlord? _____

Name or Company

Street Address _____ City, _____ State, Zip Code _____ Phone Number _____

What is your main source of income? _____ What is your monthly gross income? _____

Describe any other income: _____

If employed, whom do you work for and what do you do? _____

Company Name _____ Position _____

How long have you been employed with this particular company? _____

What is your supervisor's name and phone number? _____

Name _____ Phone Number _____

Who do you bank with? _____ Account # _____

Have you ever declared bankruptcy? _____ If yes, when? _____

Describe the vehicles you plan to keep at the dwelling: _____

Are you or any member of this household considered a sex offender by any legal jurisdiction in the United States?
 Yes _____ No _____ If Yes, explain: _____

Please give us the names of **2 unrelated persons** who have known you for **at least 2 years**.

Name	Relationship	Full Address	Phone #
Name	Relationship	Full Address	Phone #

In case of an emergency, whom should we contact?

Name	Relationship	Full Address	Phone #

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 in this rental application is true and accurate. Providing false, incomplete or misleading information in this application 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 this 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 the lessor. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for doing so, and applicant agrees to release Lessor, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining the information necessary to process this application. Applicant's withdrawal of this application after submission may result in the retention of all or part of the posted security deposits as liquidated damages. Submit rental applications to Oxford Real Estate, Inc., 19 S. Beech St., Oxford, OH 45056.

_____ Signature _____ Date

OFFICE USE ONLY

Tentative Move In Date: _____ Rental Dwelling Address: _____

Monthly Rent: _____ Security Deposit: _____ Total Lease Amount: _____

Maximum number of persons permitted – # groups of unrelated individuals: _____

OK Not OK Total Household Income/Rent Ratio: _____

OK Not OK Present Landlord Reference: _____

OK Not OK Previous Landlord Reference: _____

OK Not OK Credit Worthiness: _____

Approved: _____ Rejected: _____ Reason: _____
 Initial/Date Initial/Date



A COPY OF YOUR DRIVERS LICENSE MUST ACCOMPANY THIS RENTAL APPLICATION

NOTICE TO ALL APPLICANTS & TENANTS

REGARDING REASONABLE ACCOMMODATIONS AND/OR REASONABLE MODIFICATIONS FOR DISABLED TENANTS

OXRE welcomes all people into properties we manage for owners and does not discriminate on the basis of race, sex, disability, national origin, color, familial status, or religion. The federal and state Fair Housing Acts prohibits such discrimination and also requires landlords/housing providers to reasonably accommodate all disabled tenants.

As such, reasonable accommodations in rules, policies, practices or services will be permitted as well as all reasonable requests to modify the premises will be allowed to enable disabled tenants to fully use and enjoy their unit, including public and common use areas. Please recall that OXRE does not own but merely manages properties for owners, and OXRE has an obligation to inform or consult with the owner regarding such requests.

If you have a disability and need a reasonable accommodation (such as a service/companion animal or an exception to the late rent policy to coincide with when you receive disability income), or a reasonable modification to your unit (such as a ramp to get in and out of your door, doorway widened, light fixtures or outlets moved, or handrails installed in the shower), please contact OXRE. Such request may be made verbally or in writing. You may be requested to provide an explanation of why you need the accommodation or modification. In some cases, for example if your disability is not noticeable, the owner may request medical documentation, such as a letter from your medical provider, which will be kept confidential. Also, all requests for accommodation or modification will only be shared with the owner and our staff or agents as necessary to act on the request.

Where a disabled tenant requests a reasonable modification to an existing unit necessary for the tenant to fully enjoy his or her unit, depending on the modification requested, the tenant may be responsible for the cost of the modification pursuant to applicable federal and Ohio law.

A reasonable modification made at the disabled tenant's expense may be conditioned on the disabled tenant doing one or more of the following:

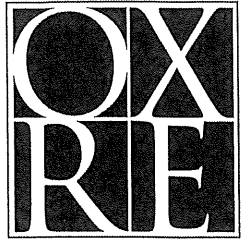
- (1) providing a reasonable description of the proposed modification and reasonable assurance that the proposed modification will be made in a workman-like manner and that any required building permits will be obtained prior to the commencement of the proposed modification;
- (2) agreeing to restore at the end of the tenancy the interior of the premises to the condition they were in prior to the proposed modification, but subject to reasonable wear and tear during the period of occupancy, if it is reasonable to do so; and
- (3) paying into an interest-bearing escrow account that is in the landlord's name, over a reasonable period of time, a reasonable amount of money not to exceed the projected costs of the restoration, at the end of the tenancy of the unit as described above with the interest accrued being returned to the disabled tenant who made the payments into the escrow account. Payment into an interest bearing escrow account is limited to reasonable modifications the removal of which are determined to cost One Thousand Dollars (\$1,000.00) or more.

Notwithstanding the above paragraph, a tenant shall not be required to remove or restore to original condition: the widening of a doorway; the moving of environmental controls, light fixtures, electrical switches or outlets; or lowered door swing latches, and similar minor modifications.

OXRE will respond to your request within a reasonable time under the circumstances, which may be affected by OXRE's need to consult with the actual owner of the property involved. If your request for reasonable accommodation or reasonable modification is denied by the owner, a written response will explain the reason for the denial.

Information concerning requests for accommodations and modifications can be located at the website of the Department of Housing and Urban Development at http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/your_rights or questions may be addressed to the Ohio Civil Rights Commission, the phone number of which is 1-888-278-7101.

All tenants will be provided with a copy of this policy. No tenant will be retaliated against for requesting an accommodation or modification, or assisting another tenant in requesting an accommodation or modification.



Landlord Rental Verification Form

To: _____ Date: _____ Fax#/Email: _____

The individual below submitted a rental application to our office. Please provide the information requested and return to our office via email rentals@oxre.com or fax 513.523.1489. If you have any questions, please contact our office at 513.523.4532. Thank you.

Applicant Name _____

My signature below authorizes you to release information requested below about my residency.

Applicant Signature

Date

Company Name _____

Address Verifying _____

Move-In Date: _____ Move-Out Date: _____ Any co-signors on lease? YES NO

Amount of Rent Per Month: _____ # of Late Payments: _____ # of NSF checks: _____

Proper notice given? YES NO If No, why: _____

Any lease violations? YES NO If Yes, please explain _____

Legal proceedings ever filed? YES NO If Yes, please explain _____

Was property maintained in satisfactory condition? YES NO If No, please explain _____

Any deductions from the security deposit? YES NO If Yes, please explain _____

Did resident have a pet? YES NO Any issues? YES NO If Yes, please explain _____

Any bedbug or pest infestation in the property? YES NO If Yes, what type of infestation? _____

Has the infestation been eradicated? YES NO

Past due amount owed? YES NO Would you rent to this resident again? YES NO

Comments:

Signature

Title

Date