ROLLING OAKS APARTMENTS 429 N. AIR DEPOT BLVD, MIDWEST CITY, OK 73110 405-733-0887 RENTAL APPLICATION

Personal Information					
Name:			SS #:	D/L #:	
Phone:			D (CD: 4		
					Zip:
Previous Address: (if above address is 12 months or less)					
How Long There?:	Previous Lar	ndlord:		Landlord Phone:	
Personal Reference:			Phone:		
Personal Reference:			Phone:		
T 0					
Dagger at a /Congress			SS #:	D/L #:	
0		Q:,		State:	
·					
Previous Address: (if above address is 12 months or less)					Zip:
How Long There?:	Previous Lar	ndlord:		Landlord Phone:	
Employment Information					
Employer:			Address:		
Phone:	F	Iire Date:		Salary (month):	
Previous Employer (if less than 12 r	months):				
Phone:	F	Iire Date:		Salary (month):	
Roommate/Spouse Employer:			Address:		
Phone:	F	Iire Date:		Salary (month):	
Other Information					
Other persons to occupy apartment:					
Name:			Relationship:		
Name:			Relationship:		
Automobiles: Make & Year:			License:	State:	
			License:		
		Other (specify):		Weight & Breed:	
Pets: No more than 25 lbs fully gre	own, \$600 de _l	posit, \$400 refu			
Do you smoke? Yes	No				
It is understood that the above infortrue and accurate and authorize verified event that the application is rejective approval, the deposit is non-refundation an Equal Opportunity Housing proversity.	fication of sar cted. In the e able. Please in	ne and authoriz vent that applica	e a credit check. Security ant cancels this application	y deposit for the apartme on more than twenty-fou	ent is refundable in r (24) hours after
Applicant Signature:				Date:	
Roommate/Spouse:				Date:	