

Edgewood Arms Apartments

1700 Mosher Drive, Enid, Oklahoma 73703 Phone: 580-234-0500 Fax: 580-234-3374

RENTAL APPLICATION

Personal Information

Name: _____ SS #: _____ D/L #: _____
Phone: _____ Date of Birth: _____
Current Address: _____ City: _____ State: _____ Zip: _____
Landlord: _____ Landlord Phone: _____
Previous Address:
(if above address is 12 months or less) _____ City: _____ State: _____ Zip: _____
Personal Reference: _____ Phone: _____
Personal Reference: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Roommate/Spouse: _____ SS #: _____ D/L #: _____
Phone: _____ Date of Birth: _____
Current Address: _____ City: _____ State: _____ Zip: _____
Landlord: _____ Landlord Phone: _____
Previous Address:
(if above address is 12 months or less) _____ City: _____ State: _____ Zip: _____

Employment Information

Employer: _____ Address: _____
Phone: _____ Hire Date: _____ Salary (month): _____
Previous Employer (if less than 12 months): _____
Phone: _____ Hire Date: _____ Salary (month): _____
Roommate/Spouse
Employer: _____ Address: _____
Phone: _____ Hire Date: _____ Salary (month): _____
Previous Employer (if less than 12 months): _____
Phone: _____ Hire Date: _____ Salary (month): _____

Other Information

Other persons to occupy apartment:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Automobiles:

Make & Year: _____ License: _____ State: _____
Make & Year: _____ License: _____ State: _____

Pets: None Dog Cat Other (specify): _____ Weight & Breed: _____

It is understood that the above information is confidential. The undersigned applicant(s) hereby certify that the above information is true and accurate and authorize verification of same and authorize a credit check. **Please include \$25.00 application fee.**

Applicant Signature: _____ Date: _____

Roommate/Spouse: _____ Date: _____