

BROOKHOLLOW AND THE CEDARS APARTMENTS
965 BILOXI DRIVE, NORMAN, OK 73071 405-329-6652
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: _____
How Long There?: _____ Previous Landlord: _____ Landlord Phone: _____
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: _____
How Long There?: _____ Previous Landlord: _____ Landlord Phone: _____

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): _____

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: _____
Pets: No more than 25 lbs fully grown, \$600 deposit, \$400 refundable.
Do you smoke? Yes No

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. Security deposit for the apartment is refundable in the event that the application is rejected. In the event that applicant cancels this application more than twenty-four (24) hours after approval, the deposit is non-refundable. **Please include check for \$40 application fee per person, \$55 for married couple.** We are an Equal Opportunity Housing provider.

Applicant Signature: _____ Date: _____
Roommate/Spouse: _____ Date: _____