

**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 or money order for \$30 application fee per person, \$45 for married couple.** We are an Equal Opportunity Housing provider.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Roommate/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_