



Lease Re-Assignment Application

All questions on this Rental Application must be answered completely or the Application can not be processed.

Today's Date: _____ Preferred effective lease date: _____

Add On Names of people that will be living with you: _____

Add-Delete Resident (s) you are replacing on the lease: _____

APPLICATION FOR (Address): _____ Apt. #: _____

Rental Rate: _____

Name: _____ Social Security Number: _____

E-mail Address: _____ Date of Birth _____

Telephone number where you can be reached: _____

In case of emergency notify: _____ Telephone: _____

Driver License / State I.D. Number: _____ State: _____

Current Address: _____ City _____

State: _____ Zip: _____

Current Apt. Manager _____ Apt. Manager Phone #: _____

Permanent Address: _____ City: _____

State: _____ Zip: _____

Employer: _____ Position: _____

Contact Person: _____ Phone: _____

Length of Employment: _____ Gross Monthly Wages: _____

Other Income: _____

Checking Account Bank: _____ Account #: _____

FOR OFFICE USE ONLY

Rental Rate _____ ID Checked _____ Yardi _____

Paid by _____ Amount Paid _____



- | | |
|---|--------------------|
| 1. Have you ever been sued or evicted by a landlord for any reason? | _____ Yes _____ No |
| 2. Has a judgment ever been obtained against you? | _____ Yes _____ No |
| 3. Have you ever had an account referred to a collection agency? | _____ Yes _____ No |
| 4. Have you ever filed for bankruptcy? | _____ Yes _____ No |
| 5. Have you ever been convicted of a misdemeanor or felony? | _____ Yes _____ No |
| 6. Do you smoke? | _____ Yes _____ No |
| 7. Do you have any pets? | _____ Yes _____ No |
| 8. Are you 17 years of age or below? | _____ Yes _____ No |

If you have answered "yes" to any of the above, please explain:

Non-refundable Application fee of \$100.00 per applicant paid by Money Order Check

Payment of \$200.00 per person is required upon submission of this rental application for lease reassignment. This payment represents a non-refundable application fee of \$100 per person plus an additional \$100 towards the lease modification. If this Application is not approved, the lease reassignment fee of \$100 will be returned to you.

***After you have been notified of approval of your Application a Lease Agreement must be signed within three (3) business days or our offer to Lease may be withdrawn and your lease reassignment fee shall be retained by us as liquidated damages.** If applicant decides to not move forward with the lease, the \$200 fee will still be due and applied to the account.

*Pets are not allowed unless agreed to in writing by both parties and appropriate fees are paid

*Possession of the premises is not guaranteed until Oxford Property Management deems the apartment is ready for occupancy. Oxford Property Management shall not be liable for any delay in possession of the premises due to causes beyond its direct control.

The applicant hereby certifies that he/she is of legal age and that all information contained in this Campus Rental Application is true and complete. The applicant recognizes that any falsification, misrepresentation or omission will result in the rejection of this Application. The applicant authorizes Oxford Property Management to investigate all statements contained in this Application including but not limited to employment and income verification, landlord references, to obtain a credit report, criminal history, and to periodically update this information throughout the Lease term or any extension thereof as allowed by law.

Applicant Signature _____ Date _____

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Accepted _____ Rejected _____ By _____ Date _____

Reason for Rejection _____

Address _____ Lease Dates _____ to _____

Oxford Property Management
AUTHORIZATION RELEASE FORM

To Whom It May Concern:

I, _____ hereby authorize you
to release to Oxford Property Management for verification purposes, information con-
cerning:

Employment history, dates, title, income, hours worked, etc.

Rental History

A copy of this authorization may be accepted as an original.

Signature

Date