

Bryant Grove

An Apartment Community

20 S. Bryant Grove

Edmond, Ok 73043

405-341-2161/405-341-2795 fax

Address: _____

Rental Amount: _____

Lease Term: _____

Move-In Date: _____

APPLICATION AND SECURITY DEPOSIT AGREEMENT

This application is preliminary only and does not obligate Owner or Owner's Representative to execute a lease.

\$ 35.00 Application Fee (NON-REFUNDABLE)

\$ _____ Security Deposit

This agreement entered into this _____ day of _____ 20____ between AllPhase Real Estate, LLC agent for the owner herein after called the "Landlord" and _____, herein after called the "Tenant".

The Security Deposit paid to the Landlord in the amount of \$ _____ is being paid by the Tenant to secure their interest in the following property: _____

Security deposit is NON-REFUNDABLE once the Applicant has been approved for the above address. If Applicant is not approved, then the security deposit would be REFUNDABLE and the refund in such event shall be prompt. **If the Applicant does not sign a lease agreement for the above listed property once approved, the security deposit is NOT REFUNDABLE.** Once the parties sign a Lease Agreement, the deposit will be subject to the terms outlined in the Lease Agreement. ALLPHASE Real Estate, Inc. is not the owner of any property and acts as a TRANSACTION BROKER to facilitate the leasing of the property described below. ALLPHASE Real Estate, Inc. will treat all parties to this transaction equally, with honesty and exercising reasonable skill and care.

Section 8 Only: If the Tenant cannot move in to the above address as a result of the property not passing the first two inspections, then the deposit would be refunded.

Total Number of Occupants: _____

Utilities paid by Lessee as follows: Electric: _____, Natural Gas _____, Water, Sewage & Garbage _____
Monthly parking (if any) \$ _____

Other Special Conditions:

- I. Pet Deposit: \$ _____
- II. Pet Fee (Non-refundable): \$ _____
- III. Limitations on Pets: Cats are prohibited, dogs weighing in excess of 25lbs are prohibited.
- IV. _____
- V. _____

I have read the Security Deposit Agreement and understand its terms and conditions. I accept the terms and conditions.

Tenant

Landlord's Agent

Tenant

Specials/Promotions:

Rental Application

Instructions: A separate application must be filled out by each applicant (unless married then the information of both must be on the application). Completely fill out each blank and sign where indicated.

PERSONAL

APPLICANT _____ BIRTH DATE: _____
SS# _____ DRIVERS LICENSE State Issued by _____ Lic # _____
MARITAL STATUS: () Single () Married since () Divorced

SPOUSE NAME: _____ BIRTH DATE: _____
SS# _____ DRIVERS LICENSE State Issued by _____ Lic # _____

ADDRESSES

Present Address _____ City/State/Zip _____ Rent/ Since _____ Month _____
Present Phone () _____
Present Landlord _____ Address _____ City/State/Zip _____
Phone () _____
Is present rent up to date? () Yes () No Have you given notice? () Yes () No Have you been asked to leave? () Yes () No

Previous Address _____ City/State/Zip _____ Rent/ Since _____ Month _____
Present Phone () _____
Previous Landlord _____ Address _____ City/State/Zip _____
Phone () _____
Was rent up to date? () Yes () No Had you given notice? () Yes () No Had you been asked to leave? () Yes () No

Next Previous Address _____ City/State/Zip _____ Rent/ Since _____ Month _____
Present Phone () _____
Was rent up to date? () Yes () No Have you given notice? () Yes () No Have you been asked to leave? () Yes () No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTH DATE

PETS: () Yes () No If yes, give details (number, type & size) _____

CARS

Make/ Model/color #1 _____ State _____ License Plate #1 _____ Lien Holder #1 _____
Make/ Model/color #2 _____ State _____ License Plate #2 _____ Lien Holder #2 _____

EMPLOYMENT

EMPLOYER _____ Since _____ Address _____
City/State/Zip _____ Position _____ Supervisor _____
Work Hours _____ Phone (____) _____

PREVIOUS EMPLOYER _____ Since _____ Address _____
City/State/Zip _____ Position _____ Supervisor _____
Work Hours _____ Phone (____) _____

SPOUSE'S EMPLOYER _____ Since _____ Address _____
City/State/Zip _____ Position _____ Supervisor _____
Work Hours _____ Phone (____) _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

REFERENCE

Relative _____ Relation _____ Address _____ Phone _____
Non-Relative Reference _____ Address _____ Phone _____
Non-Relative Reference _____ Address _____ Phone _____

Emergency Contact _____ Phone _____

Are you a U.S. Citizen? _____ Yes _____ No
Are you 18 yrs or older? _____ Yes _____ No
Do you have a Work Visa? _____ Yes _____ No
Do you have a Student Visa? _____ Yes _____ No

Explain any "YES" answers on back with names and details. These questions must be answered
Has any signer ever been sued for bills? Yes No
Has any signer ever been bankrupt? Yes No
Has any signer ever broken a lease? Yes No
Has any signer ever been sued for eviction? Yes No
Has any signer ever been guilty of a felony? Yes No
Is the total move-in amount available now (rent and deposit)? Yes No

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant. All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented. **ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME**

X _____
APPLICANT SIGNATURE

DATE

X _____
SPOUSE SIGNATURE

DATE

APPLICATION VERIFICATION WORKSHEET

(Must be completed for each applicant/co-resident)

SIGN THIS FORM ONLY – DO NOT FILL OUT

LANDLORD VERIFICATION

PRESENT/PREVIOUS RENTAL INFORMATION

Applicant (s) Name: _____

Address: _____

Landlord: _____ Phone #: _____

Rent Amount: \$ _____ Term of Lease: _____

Move-In Date: _____ Move-Out Date: _____

Lease Fulfilled: _____ 30-Day Notice Given: _____ Number of time rent late: _____

Any Pets? : _____ Noise Complaints: _____ Other Complaints: _____

Would you re-rent: _____ If no, why? : _____

Name of Contact Person: _____ Title: _____

Comments: _____

Applicant Signature

Date

Spouse's Signature

Date

Please fax back to.

**ALLPHASE REAL ESTATE
(405) 270-6453 FAX**

(405) 565-1302 OFFICE

Thank You
Management