## Turnberry Apartments 1911 Twisted Oak Drive, Norman, OK 73070 RENTAL APPLICATION

## Personal Information

| Name:Phone: |  |  | SS \#: <br> Date of Birth: | D/L \#: |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
| Current Address: |  | City: |  | State: | Zip: |
| Landlord: |  |  |  | Landlord Phone: |  |  |
| (if above address is 12 months or less) How Long There?: |  |  | City: | State: | Zip: |
|  | Previous Landlord: |  |  | Landlord Phone: |  |
| Personal Reference: |  |  | Phone: <br> Phone: <br> Phone: |  |  |
| Personal Reference: |  |  |  |  |  |  |
| Emergency Contact: |  |  |  |  |  |
| Roommate/Spouse: <br> Phone: $\qquad$ |  |  | $\begin{aligned} & \text { SS \#: } \\ & \text { Date of Birth: } \end{aligned}$ | D/L \#: |  |
|  |  |  |  |  |  |
| Current Address: |  | City: |  |  | State: | Zip: |
| Landlord: |  |  | Landlord Phone: |  |  |
| Previous Address: <br> (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:


Pets: No more than 25 lbs fully grown, $\$ 600$ deposit, $\$ 400$ refundable.
Do you smoke? $\quad \square$ Yes $\quad \square$ No
It is understood that the above information is confidential. The undersigned applicant(s) herby 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 $\mathbf{\$ 4 0}$ application fee per person, $\mathbf{\$ 5 5}$ for married couple. We are an Equal Opportunity Housing provider.

Applicant Signature:
Date:
Date:

