Application for Residency Ohio Stater – 2060 N. High St., Suite 1, Columbus, Oh 43201 Phone (614) 294-5381 Fax (614) 294-0278

Date:				
Apartment # applying for	·:	How d	id you hear about us?	
Length of lease: 12 installments / 10 installments Apartment Style: (circle room size)			Website (Please specify)	
		Referral (Pleas	t (Please specify)se specify)	
Small V1, V2, V3	X-Large		by	
Average V1, V2, V3	Shared Bath: S, Av			
Large V1, V2, V3, V4				
Name:	((Middle)	(Last)	
			(Last)	
Current College Address:	(Street)	(City, State, Zip)		
Cell Number:				
Present Landlord: (if dorm, put OSU):		Landlo	Landlord Phone:	
Permanent Home Addres	.sc:			
Permanent Home Addres	ss:			
	ss:			
Social Security #:		Are you at least 18 year		
Social Security #:	020 move in: FR SO JR SR Gr	Are you at least 18 year	s of age? Yes / No	
Social Security #:	020 move in: FR SO JR SR Gr	Are you at least 18 year	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w	020 move in: FR SO JR SR Gr	Are you at least 18 year ad No If yes, why?	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w	D20 move in: FR SO JR SR Gr Pithin the last 5 years? Yes /	Are you at least 18 year ad No If yes, why?	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address:	D20 move in: FR SO JR SR Gr Pithin the last 5 years? Yes /	Are you at least 18 year ad No If yes, why?	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address:	D20 move in: FR SO JR SR Gr Pithin the last 5 years? Yes /	Are you at least 18 year ad No If yes, why?	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name:_	D20 move in: FR SO JR SR Gr Fithin the last 5 years? Yes /	Are you at least 18 year ad No If yes, why? @ ntal/Cosigner Information	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name:_	D20 move in: FR SO JR SR Gr Pithin the last 5 years? Yes /	Are you at least 18 year ad No If yes, why? @ ntal/Cosigner Information	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name:_	D20 move in: FR SO JR SR Gr Fithin the last 5 years? Yes /	Are you at least 18 year ad No If yes, why? ntal/Cosigner Information (Cit	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name:_ Parental/Co-signer Address Relationship to Applicant:	Pares (Street)	Are you at least 18 year ad No If yes, why? ntal/Cosigner Information (Cit	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name:_ Parental/Co-signer Address Relationship to Applicant:	Pares: (Street)	Are you at least 18 year ad No If yes, why? @ ntal/Cosigner Information (Cit	s of age? Yes / No	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name: Parental/Co-signer Address Relationship to Applicant: Parent/Guardian: Place of	Pares (Street) Work N	Are you at least 18 year ad No If yes, why? @ ntal/Cosigner Information (Cit	y, State, Zip) # of years on job	
Social Security #: School status as of Fall 20 Have you been evicted w Email Address: Parental/Cosigner Name: Parental/Co-signer Address Relationship to Applicant: Parent/Guardian: Place of	Pares (Street) Work N	Are you at least 18 year rad No If yes, why? ntal/Cosigner Information (Cit Number Position Cell Number:	y, State, Zip) # of years on job	

No agreement, either written or oral shall be binding on applicant, agent or owner, unless and to the extent set forth in lease. I/We agree that you may conduct a background check of us. Acceptance of this application does not ensure a room reservation. Space is reserved upon signing a lease agreement by all parties and putting down a security deposit before the property reached full capacity. I/We hereby authorize Ohio Stater to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements of other data obtained from me/us or any other person pertaining to my/our employment history, credit prior tendencies, character, general reputation, personal characteristics, mode of living, to obtain a consumer report and such other credit information with may result thereby, and to discuss and furnish such information to the owner's agent listed above in support of this application. I/We have been advised that I/We have the right under 606B of the Fair Credit Reporting Act to make a written request, within reasonable rime, for a complete and accurate disclosure of the nature and scope of this investigation. I/We warrant that all the information above is true and correct and agree to the terms and conditions the I/We have read and understand.

Signature of Applicant: