Reese Tower Apartments

5810 E Skelly Dr Tulsa, OK 74135 (539) 867-3156



RENTAL APPLICATIONTAG Multifamily

Today's Date:	
Desired Occupancy Date:	Desired Rental Price:
Desired Unit Type:	
Applicant's Personal Information	
First Name	Driver's License
Last Name	Birth date
Current Address	Social Security #
Home Phone	Email
Work Phone	Car Make/Model
Mobile Phone	Car License #
Additional Occupants (List every occupant's name and Name:	their relationship below, including children) Relation:
	Relation:
	Relation:
Preferred Method of "Worry-Free" Standard Rent	al Payments:
Electronic banking: Charge card:	Debit card:
Other method of payment (may require additional hand	dling fee): Check: Money order:
Are you able to handle all the minor maintenance/upke	pep inside of the apartment unit? Yes:No:
Do you have renter's insurance?	
Do you have any water-filled furniture?	
Have you ever broken a lease?	
Have you ever refused to pay rent for any reason?	
Have you ever been evicted or asked to leave a rental u	ınit?
Ever filed for bankruptcy?	
Ever been convicted of a crime?	

Will you give us permission to do a criminal backgrou	und check?			
Do you currently have any utilities in your name?				
Do you currently have phone service in your name? _				
Do you know of anything or any reason which may in	nterrupt your ability to pay rent?			
RESIDENCE HISTORY				
Present Residence Address:				
City: State:	: ZIP:			
Dates lived at this address:	Own:	Rent:		
Current phone:				
Name of present landlord/owner/mortgage company:				
Address of present landlord/mortgage company:				
Landlord's phone:				
Reason for moving:				
Is your rent/mortgage current?Number of late payments:				
Is a security deposit amount currently held by landlord?				
Previous Residence Address:				
Previous landlord:	Phone:			
Dates at this address:	Reason for moving?			
Was your full security deposit returned?	Number of late payments:	Monthly payment:		
Previous Residence Address:				
Previous landlord:				
Dates at this address:				
Was your full security deposit returned?	Number of late payments:	Monthly payment:		

INCOME HISTORY

Applicant's current employment sta	atus (check one):		
[] Full-time [] Part-time (less	than 32 hrs.) [] Student [] Retired [] Se	lf-Employed [] Unemployed	
Current employer:			
Supervisor's name:	Supervisor's pho	one number:	
Average weekly hours:	How long at the place of empl	oyment?	
Company address:			
Company phone:	Position:	Salary:	
Please indicate weekly, biweekly,	monthly, or annual average takehome:	<u> </u>	
Previous Employment			
Previous employer:			
Previous supervisor's name:	Previou	s supervisor's phone number:	
Average weekly hours:	How long at the place of empl	oyment?	
Previous company address:			
Company phone:	Position:	Salary:	
Please indicate weekly, biweekly, monthly, or annual average takehome:			
Additional Income/Payment l	Information		
	renting you from paying rent when due, is there a	relative, person, or agency that could assist you with rent	
1st Emergency Contact:			
Name:	Relationship	D:	
Address:			
Phone Number:	Secondary Phone Nu	mber:	
2nd Emergency Contact:			
Name:	Relationship	D:	
Address:			
	C I DI M	mber:	

Additional Income: (optional)

If there are additional, verifiable sources of income you would like considered, please list income source (e.g., self- employment, social security, benefit payments), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional source:	Amount:	Per:	
Contact Person:		Phone:	
How long have you been receiving income from this source?			
How long do you expect this income to continue?			
Is there any reason it would stop?			
Additional source:	Amount:	Per:	
Contact Person:	1	Phone:	
How long have you been receiving income from this source?			
How long do you expect this income to continue?			_
Is there any reason it would stop?			
VEHICLE INFORMATION			
Number of vehicles on property:	Valid registration and inspection	:	
Do you have any commercial vehicles, RV, campers, boats or n	notorcycles?		
**Please note, only cars on application are authorized to be	on premises		
Vehicle 1 (make/model/color/year):			
Plate number:	State:		
Financed/leased through:			
Contact and phone number:			
Account number:	Monthly payment:		
Vehicle 2 (make/model/color/year):			
Plate number:			
Financed/leased through:			
Contact and phone number:			
Account number:	Monthly payment:		

Credit Cards/Loans (including banks, department	stores, gas cards, studer	nt loans)
Creditor:		
Address:		
Phone:	Account num	ber:
Total amount owed:	Monthly payment:	Are your payments current?
Other creditor:		
Address:		
Phone:	Account num	ber:
Total amount owed:	Monthly payment:	Are your payments current?
Other Monthly Expenses		
Hospital payment:		_ Health insurance:
Auto insurance:		_Renter's insurance:
Childcare:		Tuition:
Cable TV:		Other:
Bank Reference		
		Phone:
Branch address:		Savings account:
-		(Savings)
Tiow long account active: (Checking)		(Savings)
Personal/Professional/Character Reference		
Name:		Relationship:
Address:		
How long have you known this person?		Phone:
Name of nearest living relative		
-		Relationship:
		Kelationship.
How long have you known this person?		Phone:

Thank You!

•	you for completing an application to rent from us. Please sign belowing, which will be copied and attached to this application:	 N. Please note that a completed application requires submission of 	of the
	_ Driver's license/picture ID. Note: background checks will not be i	initiated without picture ID.	
	Bank Statement (to include bank name, customer name, account r	number, current date, and balance)	
	_2 months of most current pay stubs of each income source listed		
	If self-employed, most recent Schedule C tax return and proof of o	current income	
Applica	ation Fee		
By sign discretion	of \$35.00 is required on all rental applicants, over the age of 18, for sing below, applicant hereby represents all information on this agon to verify, references, and credit history for continual rental concorrefundable.	pplication is true, complete, and hereby authorizes managemer	nt at their
Applica	ation Deposit		
you are applied	lication deposit of \$200.00 is required when the application is suldenied, management will return the Application Deposit to you. to your total move-in costs. Please note that false information giorfeited. If you cancel your application, you will be forfeiting your	If you are approved, without conditions, the Application Depos ven on the submitted application will result in your Application	sit will be
applicat immedia	ant acknowledges this application will become part of the lease again will be rejected and any subsequent rental agreement become ate eviction and loss of security deposit. The applicant approves Taverify the above reported information.	nes void. False and misleading statements will be sufficient r	eason for
Applica	unt's signature:	Date:	
Applica	unt's signature:	Date:	
Applica	unt's signature:	Date:	
Applica	unt's signature:	Date:	
Agent's	s signature:	Date:	