

**SOUTH CAMPUS QUARTER RENTAL APPLICATION**

Office: 131 E. Spring Street, Oxford, OH 45056

Email: info@southcampusquarter.com

Fax: 513-867-4386, ATTN: Real Estate Dept./South Campus Quarter

**PROPERTY:**

Campus Commons: Floor Plan:  A  B  C  D

Campus Commons uses individual leases. Each unit accommodates four people. If you do not have four people, the units will be filled through roommate matching.

Campus Courts Apartments: Floor Plan:  A  B Two Bedroom/2<sup>nd</sup> & 3<sup>rd</sup> Floor/with Balcony  
Floor Plan:  A  B Two Bedroom/Ground Floor/No Balcony  
Floor Plan:  C One Bedroom/Ground Floor/No Balcony  
Option:  Street or  Courtyard

Bern Street Apartments: Floor Plan:  A  B Two Bedroom/2<sup>nd</sup> Floor/with Balcony  
Floor Plan:  A  B Two Bedroom/Ground Floor/with Patio

308 S. Campus Ave. Apartments:  Apt 1  Apt 2  Apt 3  Apt 4

111 Bern Street House

**Options:**

If unit is unavailable, check for similar available unit  Request specific unit: \_\_\_\_\_

Request roommate matching for Campus Commons (Remember to fill out questionnaire)

**APPLICANT INFORMATION:**

Name (full name): \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License / ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_

Landlord phone number: \_\_\_\_\_ Date moved in: \_\_\_\_\_

Email Address: \_\_\_\_\_

**YOUR VEHICLE:**

Make of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

**EMPLOYMENT:**

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

**APPLICANT PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known this reference how long? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known this reference how long? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ROOMMATE REQUEST:**

Please provide the names and contact information of those you wish to rent with:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my lease or rental agreement may be terminated if I have made any false, misleading or incomplete statement in this application. I hereby authorize verification of all information provided in this application, including financial and credit information, via credit bureaus and/or contact with current and previous employers, current and previous landlords and personal references.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE