	RED FOX AF 918-663-6030 7 info@redfo	Tulsa, Oklahoma		
Size Unit:			tted by: <i>Leasing A</i>	gent
APPLICANT'S NAME:				
FIRST		DDLE	LAST	
CONTACT PHONE #	SSN #		DATE OF BIRTH	
E-MAIL ADDRESS:				
CURRENT LANDLORD:			PHONE	
CURRENT ADDRESS:			HOW LONG	YRS/MTS
CITY:	s	TATE:	ZIP:	
PREVIOUS LANDLORD:			_PHONE	
PREVIOUS ADDRESS:			HOW LONG	YRS/MTS
CITY:	s	TATE:	ZIP:	
NAME AND BIRTH DATE OF OTHER A	DULT'S THAT WILL OCCUPY	ГНЕ UNIT		
NAMES, AGES AND SEX OF CHILDRE	N WHO WILL OCCUPY THE UN	NIT		
DO YOU HAVE A PET?	IF YES, WHAT KIND?		WEIGHT	
APPLICANT'S EMPLOYER:			PHONE #	
ADDRESS:	CITY:	ST:	ZIP:	
HOW LONG?YRS/MTS	POSITION:		IOME PAY	MO/YEAR
PREVIOUS EMPLOYER:		PHONE	#	
ADDRESS:	CITY:	ST:	ZIP:	
HOW LONG?YRS/MTS	POSITION:	TAKE H	IOME PAY	MO/YEAR
OTHER INCOME:	SOURCE:	MONTHLY AMOU	JNT:	VERIFIED
HAVE YOU BEEN EVICTED?	IF SO GIVE DATE	COURT ACTION;		
HAVE YOU EVER HAD A FELONY	YES NO DATE	ARE YOU IN TH	E U.S.A. LEGALLY?	YES NO

RED FOX APARTMENTS

PLEASE PRINT CLEARLY

PLEASE INDICATE THE FOLLOWING: I am the \Box Co-applicant	□ Co-Signer □ Roommate □ Oth	er
NAME:		
FIRST	MIDDLE LAST	
CONTACT PHONE #SSN #	DATE OF BIRTH	I <u>//</u>
E-MAIL ADDRESS:		
CURRENT LANDLORD:	PHONE	
CURRENT ADDRESS:	HOW LONG	YRS/MTS
CITY:	STATE:ZIP:	
PREVIOUS LANDLORD:	PHONE	
PREVIOUS ADDRESS:	HOW LONG	YRS/MTS
CITY:	STATE:ZIP:	
NAME AND BIRTH DATE OF OTHER ADULT'S THAT WILL OCCU	JPY THE UNIT	
NAMES, AGES AND SEX OF CHILDREN WHO WILL OCCUPY TH	E UNIT	
DO YOU HAVE A PET?IF YES, WHAT KIND?	WEIGHT	
CO-APPLICANT'S EMPLOYER:	PHONE #	
ADDRESS:CITY:		
HOW LONG?YRS/MTS POSITION:		
PREVIOUS EMPLOYER:	PHONE #	
ADDRESS:CITY:	ST:ZIP:	
HOW LONG?YRS/MTS POSITION:	TAKE HOME PAY	MO/YEAR
OTHER INCOME: SOURCE:	MONTHLY AMOUNT:	VERIFIED:
HAVE YOU BEEN EVICTED?IF SO GIVE DATE		
HAVE YOU EVER HAD A FELONY YES NO DATE	ARE YOU IN THE U.S.A. LEGALLY	? <u>YES</u> NO

RED FOX APARTMENTS

EMERGENCY CONTACT:		р			
ADDRESS:		CITY:	ST:	ZIP:	
AUTOMOBIL	.ES:				
YEAR:	MAKE/MODEL:	TAG #	S	TATE:	
YEAR:	MAKE/MODEL:	TAG #	s	TATE:	

\$50.00 APPLICATION FEE IS TO BE PAID WITH THIS APPLICATION

I certify that the preceding information is correct and complete and I hereby authorize you to make any inquiries that you deem necessary to evaluate my tenancy, credit standing, and conduct. I understand and agree to the following:

- 1. If the application is approved, the \$50.00 fee will be applied to my deposit.
- 2. If I fail to move in once approved, I understand that the entire \$50.00 will be forfeited.
- 3. If the application is denied, the \$50.00 fee will be returned to me by mail.

DATE	APPLICANT'S SIGNATUR	APPLICANT'S SIGNATURE		DRIVERS LICENSE #		
DATE	CO-APPLICANT'S or CO-SIGNER SIGNATURE		DRIVERS LICENS	DRIVERS LICENSE # STATE		
If the applicant is a mind	or, the following person is the g	juardian and takes lega	al responsibility for the in	formation provid	led herein.	
Guardian Name:			How Long	_Years	Months	
Address:	City:	S	T:Phone:_			
. _{An} a amin'ny fanitana amin'ny		IT: DO NOT WRITE BEI	LOW THIS LINE		- 1 mai	
	THE FOLLOWING TO E	BE COMPLETED BY MA	NAGER / LEASING AGEN	NT		
RENTAL AMOUNT \$	X 3 or 4 (select o	ne)= \$		IE AMT \$		
The above information h	nas been reviewed as complete	and verified with exce	ptions as noted below:			
MANAGER SIGNATURE		L	LEASING AGENT SIGNATURE			
TENANT IS:	APPROVED	DENIED	TENANT NOT	IFIED:	DATE	
MOVE-IN DATE:		UNIT #	BUILD	ING		
Documents attached	:app fee recpt_	drivers lic	. copyverified	d income	othe	