



**MILL STREET VILLAGE**

**186 Mill Street Athens, OH 45701**  
**TEL: 740~249~4661 FAX: 740~249~4662**

**Rental Application and Consent Agreement**

**Personal Information**

Applicant's Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Athens Address \_\_\_\_\_

Athens or Current Phone Number \_\_\_\_\_ E mail Address \_\_\_\_\_

Permanent Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Indicate Sources of Financial Support Parents Job OU Student Loans/Scholarship/Grant  
Major \_\_\_\_\_ Class Standing \_\_\_\_\_ Are you currently enrolled? \_\_\_\_\_

**Employment Information**

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Length of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Length of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_ Employer's Phone# \_\_\_\_\_

**Rental History** (list present address first)

Date Rented (from/to) \_\_\_\_\_ Address \_\_\_\_\_ Landlord \_\_\_\_\_ Landlord's Phone# \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicle Information**

Make of vehicle \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ Driver's License# \_\_\_\_\_

Or State I.D.# \_\_\_\_\_ State \_\_\_\_\_

Have you ever (check the square if applicable; unchecked squares indicate "No"):

- been evicted or asked to move? received deferred adjudication for a Felony?
- broken a lease agreement? been convicted of a Felony?
- been or are you currently delinquent to a landlord? been arrested for a Felony?

**Apartment Information**

Floor Plan Desired: 1 bedroom 2 bedroom garden 2 bedroom townhouse

ADA Accessibility Yes No

Furnished Unfurnished

Move in Date \_\_\_\_\_ Number of people to occupy apartment \_\_\_\_\_

Building or Apartment Preference \_\_\_\_\_ (We cannot guarantee a building preference. The apartment availability will not be known until current residents have completed the renewal process.)

Roommate names:

\_\_\_\_\_

**Parent, Guardian or Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
Telephone# \_\_\_\_\_

If you become seriously ill or die, you authorize Lessor to allow the person listed above to have access to your apartment in the presence of Lessor or Lessor's agent; remove any of your property found in your apartment, mailbox, common areas and storage and be refunded your security deposit, less lawful deductions.

**GURANTOR INFORMATION**

The Guarantor shall be the parent or legal guardian of the Applicant.

Name of Guarantor		Relationship to Applicant		Daytime Telephone
Street Address	City	State	Zip	Home Telephone
Signature	Social Security Number		Birth Date	

Authorization: Applicant (and Guarantor if applicable) represents that all the above information is true and complete and authorizes the verification of the information and the performance of a credit check on the Applicant and Guarantor as appropriate by any means. Applicant and Guarantor acknowledges that false information herein may constitute grounds for rejection of this application, termination of the right to occupancy and non-return of deposits.

**APPLICATION DEPOSIT AND APPLICATION FEE:**

Simultaneously with the execution of this Application, Applicant has paid:

Security Deposit	\$ _____	Check Number _____
Non-Refundable Application Fee	\$ _____	Check Number _____
Total	\$ _____	

Applicant acknowledges Lessor's acceptance of Applicant as a resident at the property is conditional upon Lessor's acceptance of the Application; receipt of an executed Lease Agreement and if required by Lessor, receipt of an executed Guarantee of Lessee Obligations. In the event any of these conditions are not met, Lessor shall have no obligation to lease to Applicant.

If the Application is acceptable to the Lessor and Applicant meets all other conditions of occupancy, executes a Lease Agreement, and returns an executed Guarantee of Lessee Obligations, if required by Lessor \$ \_\_\_\_\_ of the Security Deposit shall be credited toward the security deposit identified in the Lease. If the Application is not approved, the Security Deposit will be refunded to Applicant.

Lessor shall be entitled to retain the Security Deposit as liquidated damages in which case all further obligations to lease the premises to Applicant shall be terminated if the Application is accepted, but the **Applicant does not sign a Lease agreement and return it to Mill St Village leasing office within 15 days of date of application** or Applicant does not return an executed Guarantee of Lessee Obligations as and when required by Lessor, **Mill ST Village reserves the right to lease the apartment applied for to another party.** Initial \_\_\_\_\_ NOT WITHSTANDING THE FOREGOING, IN THE EVENT APPLICANT SUBMITS AN EXECUTED LEASE AGREEMENT BUT DOES NOT SUBMIT AN EXECUTED GURANTEE OF LESSEE OBLIGATIONS AND WHEN REQUIRED BY LESSOR, LESSOR SHALL HAVE THE RIGHT, BUT NO T THE OBLIGATION, TO REQUIRE APPLICANT TO HONOR ITS OBLIGATIONS UNDER AND COMPLY WITH ALL OBLIGATIONS OF THE LEASE AGREEMENT.

Applicant:  
Signature: \_\_\_\_\_

Applicant:  
Signature: \_\_\_\_\_



Name Printed: \_\_\_\_\_  
Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_  
Date: \_\_\_\_\_ 03/2006