

Rental Application



VISION REALTY & INVESTMENT SERVICES

Phone 405-607-4410

Fax 405-607-6610

Email: visionrealtyinc@cox.net

www.okcrenthomes.com

VR

VISION REALTY & INVESTMENT SERVICES, INC.

Rental Application

Date: _____ Property Address _____

How did you hear about us? Sign on Property _____ Newspaper _____ Internet _____

TENANT INFORMATION (Select all that apply)

Rent Amount Desired: \$ _____
Section 8 Voucher Amount \$ _____ (If applicable)
Rent-To-Own Down Payment Available \$ _____ (If applicable)

First Name _____ Last Name _____
Current Address _____ City _____ State _____ Zip _____
Phone Number 1: () _____ Fax Number : () _____
Email Address: _____

How many adults will live in the property? _____ How many children? _____
Do you have any Pets? Yes No (Pet Deposit Required)
If yes, what kind? _____
(No Pit Bulls, Rottweilers, or other potentially vicious dogs allowed)

PROPERTY INFORMATION (Select all that apply to your housing needs)

OKC Location Desired	NW	SW	NE	SE	Mid/Del	Moore	Mustang	Yukon
Specific Location Preferred?	_____							
Bedrooms Needed:	4__	3__	2__	1__				
Bathrooms Needed:	3__	2__	1__					
Garage Needed:	2 Car__	1 Car__	__ Not Required					
Utility/Laundry:	Yes	No	Don't Matter					
Central Heat & Air	Yes	No	Don't Matter					

Time/Date Available to view property: Date _____ Time _____

Move In Date? _____

\$45 Non refundable Application Fee (per applicant). No property is held until your application is approved. First Month's Rent and Security Deposit required for lease processing & to hold property. Vision Realty uses a Tenant Screening service to review your credit history, tenant history, employment history, eviction notices, and performs criminal background checks. We may forward this form to other leasing agents in the event we do not have a property available that meets your needs.

NOTES

Please fill this form out completely and fax to 405-607-6610 or email: visionrealtyinc@cox.net

Rental Application

Name		Social Security No.	
Name of Co-Tenant		Drivers Lic. No.	Expir. Date
Present Address		Social Security No.	
City/State/Zip		Drivers Lic. No.	Expir. Date
How long at present address		Res. Phone	Bus. Phone
Current Rent		Rent Paid Through	Current Lease Expires
Previous Address		Landlord or Agent	Phone
City/State/Zip			
Occupants } Relationships:			Pets?
	Ages:		

OCCUPATION

	PRESENT OCCUPATION*	PRIOR OCCUPATION*	CO-TENANT'S OCCUPATION
Occupation			
Employer			
Self-employed, doing business as			
Business Address			
Business Phone			
Type of Business			
Position held			
Name and Title of Supervisor			
How long			
Monthly Gross Income			

*If employed or self-employed less than two years, give same information on prior occupation

REFERENCES

Bank Reference:		Address:		Phone:	
CREDIT REFERENCE	ACCOUNT NO.	ADDRESS	HIGHEST AMOUNT OWED	PURPOSE OF CREDIT	ACCOUNT OPEN OR DATE CLOSED
PERSONAL REFERENCE	ADDRESS		PHONE	LENGTH OF ACQUAINTANCE	OCCUPATION
NEAREST RELATIVE	ADDRESS		PHONE	CITY	RELATIONSHIP

Have you filed a petition for bankruptcy? _____ Have you ever been evicted from any tenancy? _____
 Have you ever willfully and intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT.

I agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above.

Applicant: _____

Applicant: _____

Dated: _____

Rental Application

******You MUST fill the next 2 pages out completely for EACH adult who will be occupying the property******

Applicant Name: _____

EMPLOYMENT

Employer Name: _____ Phone _____
Position: _____
Length of Employment: _____
Paydays: _____
Salary Range: _____

RENTAL HISTORY

Previous Address #1 _____
Landlord Name: _____ Phone _____
Dates Lived There: _____
Length of Lease: _____
Lease Completed? Yes No If "No", why not? _____
Was Notice Given? Yes No If "No", why not? _____
Rental Amount? _____ ABP? _____ BOP? _____
Paid on Time? Yes No If "No", why not? _____
Number of Persons Lived There? _____
Problems/Comments: _____

Previous Address #2 _____
Landlord Name: _____ Phone _____
Dates Lived There: _____
Length of Lease: _____
Lease Completed? Yes No If "No", why not? _____
Was Notice Given? Yes No If "No", why not? _____
Rental Amount? _____ ABP? _____ BOP? _____
Paid on Time? Yes No If "No", why not? _____
Number of Persons Lived There? _____
Problems/Comments: _____

Previous Address #3 _____
Landlord Name: _____ Phone _____
Dates Lived There: _____
Length of Lease: _____
Lease Completed? Yes No If "No", why not? _____
Was Notice Given? Yes No If "No", why not? _____
Rental Amount? _____ ABP? _____ BOP? _____
Paid on Time? Yes No If "No", why not? _____
Number of Persons Lived There? _____
Problems/Comments: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Background Inquiry Release Form

In connection with my application for residency, I understand that an investigative background inquiry is to be made on myself, including, but not limited to, identity and prior address(es) verification, criminal history, driving history, consumer credit history, education verification, prior employment verification, reason(s) for termination of prior employment, and work and other references, as well as other information.

I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various Federal, State, and municipal, corporate, private and other agencies, which may maintain records concerning my past activities relating to criminal conduct, civil court litigation, driving record, and credit performance, as well as other experiences.

I hereby authorize without reservation any company, agency, party, or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify the prospective landlord, its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original. This signed release expires one (1) year after the date of origination.

Vision Realty & Investment Services, Inc.

Prospective Landlord / Agents

Last Name

First Name

M.I.

Social Security #

Drivers License #

Date of Birth

Present Address

City

State

Zip

I hereby authorize the Landlord or Landlord's agents to verify the information on the application.

Applicants Signature

Date

Rental Application

******You MUST fill the next 2 pages out completely for EACH adult who will be occupying the property******

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Employer Name: _____ Phone _____
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Dates Lived There: _____
Length of Lease: _____
Lease Completed? Yes No If "No", why not? _____
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Rental Amount? _____ ABP? _____ BOP? _____
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Number of Persons Lived There? _____
Problems/Comments: _____

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Dates Lived There: _____
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