

**OXFORD REAL ESTATE, INC.
2011-2012 TENANT INFORMATION SHEET**

PLEASE PRINT LEGIBLY!

2011/2012 OXRE PROPERTY ADDRESS: _____

NAME: _____ **DATE OF BIRTH:** _____

CURRENT ADDRESS (Where you are living now?): _____

CELL PHONE # : _____ **muohio.edu E-MAIL:** _____ **@muohio.edu**

DRIVER'S LICENSE #: _____ **Make/Model/Color of vehicle** _____

SOCIAL SECURITY# (or **PASSPORT#** IF S.S.# IS NOT APPLICABLE): _____

SCHOOL LEVEL 2011/2012: **SOPH. JR. SR. GRAD.** (Please circle one) **MAJOR:** _____

All Semester rents are collected August 1st and December 1st ...NO EXCEPTIONS

If you receive Financial Aid of any sort, you will need to make arrangements to receive your aid by the dates indicated on the Lease Agreement as OXRE, Inc. cannot give extensions and late fees will collected.

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT PLEASE NOTIFY: Do not list individuals living in the same residence (i.e. girlfriend, boyfriend, housemate).

Primary contact: NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **STREET** _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PH#: _____ **WORK PH#:** _____ **CELL #** _____ **E-MAIL** _____

Alternate contact: NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **STREET** _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PH#: _____ **WORK PH#:** _____ **CELL #** _____ **E-MAIL** _____

PARENTS/LEGAL GUARDIANS INFORMATION: This information must be provided. If this information is the same as above please state that below.

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **STREET** _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PH#: _____ **WORK PH#:** _____ **CELL #** _____ **E-MAIL** _____

NAMES OF ROOMMATES: _____

The undersigned does hereby state and swear that all information contained herein is true and accurate. Providing false, incomplete or misleading information in this form shall be cause for immediate termination of any subsequent lease agreement and/or occupancy at the option of the Lessor. Lessor is granted permission to gather information regarding applicant and to verify the validity of all information contained in the application, including the conduction of credit reports, before, during and after occupancy. Employers, landlords, references and others are hereby granted full permission to release any information requested by Lessor. Applicant's withdrawal of this form after submission may result in the retention of all or part of the posted security deposits as liquidated damages. Submit this form to Oxford Real Estate, Inc. 19 S. Beech St., Oxford, OH 43056.

SIGNATURE: _____ **DATE:** _____

REMARKS: _____

Initials of Leasing Agent _____ Date _____