

# Oxford Real Estate, Inc.

19 S. Beech St., Oxford, Ohio 45056

Call (513)523-4532 Fax (513)523-1489 Email: [rentals@oxre.com](mailto:rentals@oxre.com)

## Rental Application

**Note: A separate rental application must be completed by each person 18 years of age or over**

Property Address: \_\_\_\_\_

| APPLICANT INFORMATION  |                          |                  |                    |                         |     |
|--|--------------------------|------------------|--------------------|-------------------------|-----|
| LAST NAME  | FIRST NAME               | MIDDLE           | SSN/PASSPORT #     | DRIVERS LICENSE # State |     |
| BIRTH DATE   | HOME/CELL NUMBER         | WORK PHONE #     |                    | EMAIL                   |     |
| CURRENT ADDRESS  |                          |                  |                    |                         |     |
| STREET ADDRESS   |                          |                  | CITY               | STATE                   | ZIP |
| DATE IN  | DATE OUT                 | LANDLORD NAME    |                    | LANDLORD PHONE          |     |
| LANDLORD EMAIL   |                          | MONTHLY RENT     | REASON FOR LEAVING |                         |     |
| PREVIOUS ADDRESS   |                          |                  |                    |                         |     |
| STREET ADDRESS   |                          |                  | CITY               | STATE                   | ZIP |
| DATE IN  | DATE OUT                 | LANDLORD NAME    |                    | LANDLORD PHONE          |     |
| LANDLORD EMAIL   |                          | MONTHLY RENT     | REASON FOR LEAVING |                         |     |
| OCCUPANTS  |                          |                  |                    |                         |     |
| HOW MANY TOTAL PEOPLE WILL BE LIVING IN THE DWELLING AT ANY TIME?                    |                          |                  |                    |                         |     |
| LIST FULL NAME, BIRTH DATE, RELATIONSHIP CELL # & EMAIL OF ALL OCCUPANTS 18 OR OLDER |                          |                  |                    |                         |     |
|  |                          |                  |                    |                         |     |
| LIST FULL NAME, BIRTH DATE, AND RELATIONSHIP OF ALL OCCUPANTS YOUNGER THAN 18        |                          |                  |                    |                         |     |
|  |                          |                  |                    |                         |     |
| PETS   |                          |                  |                    |                         |     |
| NUMBER OF PETS?  | DESCRIBE PET(S)          |                  |                    |                         |     |
|  |                          |                  |                    |                         |     |
| EMPLOYMENT AND INCOME INFORMATION  |                          |                  |                    |                         |     |
| OCCUPATION   |                          | EMPLOYER/COMPANY |                    | MONTHLY INCOME          |     |
| SUPERVISOR NAME  |                          | SUPERVISOR PHONE |                    | SUPERVISOR EMAIL        |     |
| START DATE   | OTHER INCOME DESCRIPTION |                  |                    | MONTHLY INCOME          |     |

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| EMERGENCY CONTACT                          |  |  |                     |              |
|--|--|--|---------------------|--------------|
| NAME                                       | PHONE  | EMAIL  | RELATIONSHIP        |              |
| NAME                                       | PHONE  | EMAIL  | RELATIONSHIP        |              |
| PERSONAL REFERENCES- TWO UNRELATED PERSONS |  |  |                     |              |
| NAME                                       | ADDRESS  | PHONE  | EMAIL               | RELATIONSHIP |
| NAME                                       | ADDRESS  | PHONE  | EMAIL               | RELATIONSHIP |
| BACKGROUND INFORMATION                     |  |  |                     |              |
| HAVE YOU EVER:                             | FILED FOR BANKRUPTCY?  | WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? |                     |              |
|  | BEEN EVICTED FROM A TENANCY OR LEFT OWING MONEY? IF YES, PLEASE PROVIDE DATE, PROPERTY NAME, CITY, STATE, AND LANDLORD NAME. |  |                     |              |
|  | BEEN CONVICTED OF A CRIME? IF YES, PLEASE PROVIDE DATE, TYPE OF OFFENSE, COUNTY, AND STATE                                   |  |                     |              |
| VEHICLE INFORMATION                        |  |  |                     |              |
| MAKE AND MODEL                             |  | YEAR   | LICENSE NO. & STATE |              |
| MAKE AND MODEL                             |  | YEAR   | LICENSE NO. & STATE |              |
| OTHER VEHICLES                             |  |  |                     |              |

**EQUAL HOUSING OPPORTUNITY. LANDLORD MAKES THIS HOUSING AVAILABLE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS, DISABILITY (HANDICAP), MILITARY STATUS, OR ANCESTRY.**

Applicant certifies that applicant is 18 years of age or older and does hereby state and swear that all information contained in this rental application is true and accurate. Providing false, incomplete or misleading information in this application 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 this application, including obtaining of credit reports, before, during and after occupancy. Employers, landlords, references and others are hereby granted full permission to release any information requested by the lessor. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or their agent may reject without stating reasons for doing so, and applicant agrees to release lessor, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining the information necessary to process this application. Applicant's withdrawal of this application after submission may result in the retention of all or part of the posted security deposits as liquidated damages. A summary of your rights under the Fair Credit Reporting Act is available by visiting or writing (Para informacion en espanol, visite o escriba): <http://www.ftc.gov/credit>. Submit rental applications to Oxford Real Estate, Inc., 19 S. Beech St., Oxford, OH 45056

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**NOTICE:** All Semester Lease rents are due and collected August 1<sup>st</sup> and December 1<sup>st</sup>. NO EXCEPTIONS. Your Landlord does not accept financial aid documents or provide extensions for Financial Aid. Neither your Landlord, nor the agent, Oxford Real Estate, Inc., are affiliated with Miami University. Therefore your lease is not affiliated with Miami University or affected by any events at the University. If you receive Financial Aid (of any type), you must still pay your rent by the dates indicated above. Failure to pay by the due dates can result in delays in occupancy, assessed late fees, and even eviction which affects all parties signed to the lease.

**NOTICE REGARDING REASONABLE ACCOMMODATIONS AND/OR REASONABLE MODIFICATIONS FOR DISABLED TENANTS:** OXRE welcomes all people into properties we manage for owners and does not discriminate on the basis of race, sex, disability, national origin, color, familial status, or religion. The federal and state Fair Housing Acts prohibits such discrimination and also requires landlords/housing providers to reasonably accommodate all disabled tenants. As such, reasonable accommodations in rules, policies, practices or services will be permitted as well as all reasonable requests to modify the premises will be allowed to enable disabled tenants to fully use and enjoy their unit, including public and common use areas. Please recall that OXRE does not own but merely manages properties for owners, and OXRE has an obligation to inform or consult with the owner regarding such requests. If you have a disability and need a reasonable accommodation (such as a service/companion animal or an exception to the late rent policy to coincide with when you receive disability income), or a reasonable modification to your unit (such as a ramp to get in and out of your door, doorway widened, light fixtures or outlets moved, or handrails installed in the shower), please contact OXRE. Such request may be made verbally or in writing. You may be requested to provide an explanation of why you need the accommodation or modification. In some cases, for example if your disability is not noticeable, the owner may request medical documentation, such as a letter from your medical provider, which will be kept confidential. Also, all requests for accommodation or modification will only be shared with the owner and our staff or agents as necessary to act on the request. Where a disabled tenant requests a reasonable modification to an existing unit necessary for the tenant to fully enjoy his or her unit, depending on the modification requested, the tenant may be responsible for the cost of the modification pursuant to applicable federal and Ohio law. A reasonable modification made at the disabled tenant's expense may be conditioned on the disabled tenant doing one or more of the following:

- (1) providing a reasonable description of the proposed modification and reasonable assurance that the proposed modification will be made in a workman-like manner and that any required building permits will be obtained prior to the commencement of the proposed modification;
- (2) agreeing to restore at the end of the tenancy the interior of the premises to the condition they were in prior to the proposed modification, but subject to reasonable wear and tear during the period of occupancy, if it is reasonable to do so; and
- (3) paying into an interest-bearing escrow account that is in the landlord's name, over a reasonable period of time, a reasonable amount of money not to exceed the projected costs of the restoration, at the end of the tenancy of the unit as described above with the interest accrued being returned to the disabled tenant who made the payments into the escrow account. Payment into an interest bearing escrow account is limited to reasonable modifications the removal of which are determined to cost One Thousand Dollars (\$1,000.00) or more. Notwithstanding the above paragraph, a tenant shall not be required to remove or restore to original condition: the widening of a doorway; the moving of environmental controls, light fixtures, electrical switches or outlets; or lowered door swing latches, and similar minor modifications. OXRE will respond to your request within a reasonable time under the circumstances, which may be affected by OXRE's need to consult with the actual owner of the property involved. If your request for reasonable accommodation or reasonable modification is denied by the owner, a written response will explain the reason for the denial.

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Information concerning requests for accommodations and modifications can be located at the website of the Department of Housing and Urban Development at:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/FHLaws/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/)

your rights or questions may be addressed to the Ohio Civil Rights Commission, the phone number of which is 1-888-278-7101. All tenants will be provided with a copy of this policy. No tenant will be retaliated against for requesting an accommodation or modification, or assisting another tenant in requesting an accommodation or modification.

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Signature

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Date

Initials \_\_\_\_\_





Landlord Rental Verification Form

To: \_\_\_\_\_ Date: \_\_\_\_\_ Fax#/Email: \_\_\_\_\_

The individual below submitted a rental application to our office. Please provide the information requested and return to our office via email rentals@oxre.com or fax 513.523.1489. If you have any questions, please contact our office at 513.523.4532. Thank you.

Applicant Name \_\_\_\_\_

My signature below authorizes you to release information requested below about my residency.

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

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address Verifying \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Any co-signors on lease? YES NO

Amount of Rent Per Month: \_\_\_\_\_ # of Late Payments: \_\_\_\_\_ # of NSF checks: \_\_\_\_\_

Proper notice given? YES NO If No, why: \_\_\_\_\_

Any lease violations? YES NO If Yes, please explain \_\_\_\_\_

Legal proceedings ever filed? YES NO If Yes, please explain \_\_\_\_\_

Was property maintained in satisfactory condition? YES NO If No, please explain \_\_\_\_\_

Any deductions from the security deposit? YES NO If Yes, please explain \_\_\_\_\_

Did resident have a pet? YES NO Any issues? YES NO If Yes, please explain \_\_\_\_\_

Any bedbug or pest infestation in the property? YES NO If Yes, what type of infestation? \_\_\_\_\_

Has the infestation been eradicated? YES NO

Past due amount owed? YES NO Would you rent to this resident again? YES NO

Comments:

Signature

Title

Date