



OXFORD SQUARE APARTMENTS

1431 New Columbia Hwy
Lewisburg, TN 37091
931-359-3366

APPLICATION FOR ADMISSION

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

A. GENERAL INFORMATION

Applicant's name (s): _____ Telephone # _____

Address: _____

Street _____ Apt. # _____ City _____ Zip _____
Marital Status: Married _____ Never Married _____ Divorce _____ Widow _____
Bedroom size requested: One _____ Two _____ Three _____

Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes ___ No ___

Are any adults enrolled in an institute of higher learning or have been in the past 12 months? Yes ___ No ___

B. FAMILY HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List Head of Household first:

List any anticipated change in the household within the next 12 months. _____

| Name | Relationship to Head of Household | Date of Birth | Social Security # |
|----------|-----------------------------------|---------------|-------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

Will all minor(s) listed above be living in the unit 50% or more of the time? Yes ___ No ___

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

| Family Member | Source of Income | Amount |
|---------------|---------------------------|-------------------------|
| _____ | a. Social Security | Monthly Amount \$ _____ |
| _____ | Social Security | Monthly Amount \$ _____ |
| _____ | b. Pension | Monthly Amount \$ _____ |
| _____ | c. Veterans Benefits..... | Monthly Amount \$ _____ |
| _____ | d. SSI Benefits | Monthly Amount \$ _____ |
| _____ | SSI Benefits | Monthly Amount \$ _____ |
| _____ | e. Unemployment Comp..... | Monthly Amount \$ _____ |

_____ f. AFDC Monthly Amount \$ _____
 _____ g. Alimony Monthly Amount \$ _____
 _____ h. Child Support Monthly Amount \$ _____
 _____ i. Interest Income Monthly Amount \$ _____
 _____ j. Other Income Monthly Amount \$ _____

Do you request either a handicap / disability adjustment to income or a special handicapped accessible unit or both? _____

Tenant's Employer: _____ Telephone # _____
 Address: _____
 Position held: _____ How long employed? _____
 Gross wages.....Monthly Amount \$ _____

Previous Employer: _____
 Address: _____

Co-Tenant's Employer: _____ Telephone # _____
 Address: _____
 Position held: _____ How long employed? _____
 Gross wages.....Monthly Amount \$ _____

TOTAL GROSS ANNUAL INCOME (Take the total of the monthly amounts listed above and multiply x 12)
\$ _____

D. ASSETS

Savings account # _____ Bank _____
 Checking Account # _____ Bank _____
 Certificates # _____ Bank _____
 Savings Bonds # _____ Maturity Date: _____

Real Property: Do you own any property? Yes _____ No _____ Value \$ _____
 If YES, Type of Property: _____
 Location: _____
 Appraised Market Value \$ _____
 Mortgage of outstanding loans balance due: _____

VEHICLES: List any cars, trucks or other vehicles owned.
 Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Do you have any other assets not listed above (excluding personal property) such as 401K, Money Market Funds, Stocks or joint accounts? Yes _____ No _____
 If YES, List: _____

E. CHILD COSTS: Complete ONLY for children 12 & younger:

Name(s) of children cared for:
 1. _____ Age _____
 2. _____ Age _____
 3. _____ Age _____
 4. _____ Age _____

Name and Address of person or agency caring for children: _____

Weekly cost for childcare due to employment \$ _____ education \$ _____

Have you even been evicted from Public Housing or any other Federal Housing Program? Yes _____ No _____

If Yes, where? _____ When? _____
Describe reasons: _____

F. REFERENCE INFORMATION

Current Landlord: Name _____ Telephone # _____
Address: _____

Previous rental information:
Prior Landlord _____ Telephone # _____
Address: _____

Credit References:
1. Name _____ Telephone # _____
Address: _____
2. Name _____ Telephone # _____
Address: _____
3. Name _____ Telephone # _____
Address: _____

Personal Non-Related References:
1. Name _____ Telephone # _____
Address: _____
2. Name _____ Telephone # _____
Address: _____
3. Name _____ Telephone # _____
Address: _____

Personal Related References or Emergency contacts:
Father's Name _____ Telephone # _____
Address: _____
Mother's Name _____ Telephone # _____
Address: _____

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above, or other inquiries deemed necessary by the Landlord, its agents or authorized representatives. I further certify that only those persons listed on this application will occupy dwelling, unless prior approval by Landlord is given. Names of all persons authorized by Landlord to occupy dwelling will appear on most current certification prepared for my household.

I understand that deliberate submission of false information on any application, certification, recertification or requested for interim adjustment constitutes grounds for termination of assistance. I also agree that the unit applied for will be my household's permanent residence and I will not maintain a separate subsidized rental unit in a different location.

APPLICANT CO-APPLICANT

DATE DATE

Race/National Origin: _____

Return to: Oxford Square Apartments
1431 New Columbia Hwy
Lewisburg, TN 37091

I give my permission for the apartment complex I am applying for authorization to obtain a credit report and a background check. I understand any negative information that may be obtained could result in denial of my application.

Signature of Applicant

Date

Signature of Applicant

Date

Name _____

Date of Birth _____

Social Security Number _____

Name _____

Date of Birth _____

Social Security Number _____

Please attach copy of driver's license and social security card. Anyone applying for apartment over the age of eighteen must sign permission for credit and background.