



University Apartments
71 West 9th Ave.
614-297-7845

Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
	Monthly payment or rent:	How long?
Email address:		

Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Guarantor Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)		

Guarantor Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:

How did you hear about us?

Sign ohiostateapts.com OSU off campus website The Lantern Friend Other _____

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment by University Apartments.

Signature of applicant:	Date:
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I/We understand that the security deposit will be withheld by the management if this application is approved and I am unable to fulfill the conditions of occupancy. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. Cancellations made beyond 48 hours will result in forfeit of the security deposit.