



**University Apartments**  
**71 West 9<sup>th</sup> 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 \_\_\_ UWeekly \_\_\_ 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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