

MIRA VISTA APARTMENTS

405-917-9805 | Oklahoma City, OK

miravista@thevistasokc.com

Size Unit: _____

PLEASE PRINT CLEARLY

Submitted by: _____

Leasing Agent

APPLICANT'S NAME: _____

FIRST

MIDDLE

LAST

CONTACT PHONE # _____ SSN # _____ DATE OF BIRTH ____ / ____ / ____

E-MAIL ADDRESS: _____

CURRENT LANDLORD: _____ PHONE _____

CURRENT ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS LANDLORD: _____ PHONE _____

PREVIOUS ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

NAME OF OTHER ADULT'S THAT WILL OCCUPY THE UNIT: (Complete page 2 of the application for each person listed) _____

NAMES, AGES AND SEX OF CHILDREN WHO WILL OCCUPY THE UNIT _____

DO YOU HAVE A PET? _____ IF YES, WHAT KIND? _____ WEIGHT _____

APPLICANT'S EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

PREVIOUS EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

OTHER INCOME: SOURCE: MONTHLY AMOUNT: VERIFIED:

HAVE YOU BEEN EVICTED? _____ IF SO GIVE DATE _____ COURT ACTION: _____

HAVE YOU EVER HAD A FELONY ____ YES ____ NO DATE _____ ARE YOU IN THE U.S.A. LEGALLY? ____ YES ____ NO

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PLEASE PRINT CLEARLY

PLEASE INDICATE THE FOLLOWING: I am the Co-applicant Co-Signer Roommate Other _____

NAME: _____

FIRST

MIDDLE

LAST

CONTACT PHONE # _____ SSN # _____ DATE OF BIRTH ____ / ____ / ____

E-MAIL ADDRESS: _____

CURRENT LANDLORD: _____ PHONE _____

CURRENT ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS LANDLORD: _____ PHONE _____

PREVIOUS ADDRESS: _____ HOW LONG _____ YRS/MTS

CITY: _____ STATE: _____ ZIP: _____

NAME AND BIRTH DATE OF OTHER ADULT'S THAT WILL OCCUPY THE UNIT _____

NAMES, AGES AND SEX OF CHILDREN WHO WILL OCCUPY THE UNIT _____

DO YOU HAVE A PET? _____ IF YES, WHAT KIND? _____ WEIGHT _____

CO-APPLICANT'S EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

PREVIOUS EMPLOYER: _____ PHONE # _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW LONG? _____ YRS/MTS POSITION: _____ TAKE HOME PAY _____ MO/YEAR

OTHER INCOME: SOURCE: MONTHLY AMOUNT: VERIFIED:

HAVE YOU BEEN EVICTED? _____ IF SO GIVE DATE _____ COURT ACTION: _____

HAVE YOU EVER HAD A FELONY ___ YES ___ NO DATE _____ ARE YOU IN THE U.S.A. LEGALLY? ___ YES ___ NO

