

# COMPASS POINTE APARTMENTS

29 N. Lakewood Avenue  
Tulsa, Oklahoma 74115  
PHONE (918) 835-4195 FAX (918) 835-4327

## APPLICATION FOR RESIDENCE

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FIRST NAME

MIDDLE NAME

LAST NAME

CURRENT ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### HOUSEHOLD MEMBERS (INCLUDING YOURSELF)

MEMBER'S NAMES	RELATIONSHIP TO HEAD	DATE OF BIRTH	BIRTHPLACE CITY, STATE	AGE - SEX	SOCIAL SECURITY #	ID OR DL# STATE

### RESIDENTIAL HISTORY

1. PRESENT LANDLORD \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_ LEASE DATES \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD PHONE # (\_\_\_\_\_) \_\_\_\_\_ RENT AMT: \$ \_\_\_\_\_ PER MONTH

2. PREVIOUS ADDRESS \_\_\_\_\_  
PROPERTY NAME \_\_\_\_\_ LEASE DATES \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
LANDLORD PHONE # (\_\_\_\_\_) \_\_\_\_\_ RENT AMT: \$ \_\_\_\_\_ PER MONTH

**EMPLOYMENT HISTORY / OTHER INCOME / FINANCIAL**

1. NAME OF EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
INCOME: \$ \_\_\_\_\_ PER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_

2. NAME OF EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
INCOME: \$ \_\_\_\_\_ PER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_

**OTHER INCOME**

SOURCE: \_\_\_\_\_ AMOUNT \$: \_\_\_\_\_ MO. TYPE OF INCOME \_\_\_\_\_  
SOURCE: \_\_\_\_\_ AMOUNT \$: \_\_\_\_\_ MO. TYPE OF INCOME \_\_\_\_\_

**EMERGENCY CONTACTS**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE #: \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APT #: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE #: \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APT #: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**GENERAL QUESTIONNAIRE**

1. DO YOU HAVE PET? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHAT TYPE \_\_\_\_\_ BREED, IF ANY: \_\_\_\_\_

**NOTE: KEEPING OF A PET REQUIRES CONSENT OF MANAGEMENT, PAYMENT OF APPLICABLE FEES / AND EXECUTION OF PET ADDENDUM. HANDICAPPED ASSISTANCE ANIMALS USED FOR DISABILITIES ARE NOT CONSIDERED PETS.**

2. HAVE YOU EVER BEEN EVICTED? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, WHAT PROPERTY? \_\_\_\_\_
3. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, STATE THE OFFENSE: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_

**AUTOMOBILE INFORMATION**

\_\_\_\_\_

Make	Model	Year	Color	License Plate #	State
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How did you hear about Compass Pointe Apartments? \_\_\_\_\_

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION. THIS APPLICATION MUST BE SIGNED BY EACH ADULT WHO WILL OCCUPY THE APARTMENT BEFORE THEY CAN BE CONSIDERED. IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THIS NOTICE IS TO INFORM YOU THAT THE PROCESSING OF THIS APPLICATION INCLUDES, BUT IS NOT LIMITED TO, MAKING ANY INQUIRIES DEEMED NECESSARY TO VERIFY THE ACCURACY OF THE INFORMATION HEREIN, INCLUDING PROCURING CONSUMER CREDIT REPORTING AGENCIES AND OBTAINING CREDIT INFORMATION FROM OTHER CREDIT INSTITUTIONS. ADDITIONALLY, I AUTHORIZE ALL CORPORATIONS, COMPANIES, LANDLORDS, LAW ENFORCEMENT AGENCIES, ACADEMIC INSTITUTIONS, AND CURRENT EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME AND RELEASE THEM FROM ANY LIABILITY AND RESPONSIBILITY FROM DOING SO.

\_\_\_\_\_

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE