CAMDEN APARTMENTS

580-248-0776 | Lawton, Oklahoma info@camdenlawton.com

Size Unit:		Submitted by:	
	PLEASE PRINT C	CLEARLY	Manager / Leasing Agent
APPLICANT'S NAME:			
FIRST	MIDDLE	LAST	
CONTACT PHONE #	SSN #	DATE O	F BIRTH / /
E-MAIL ADDRESS:			
CURRENT RESIDENCE:		PHONE	
CURRENT ADDRESS:		HOW LC	ONGYRS/MTS
CITY:	STAT	E:	_ZIP:
PREVIOUS RESIDENCE:		PHONE	
PREVIOUS ADDRESS:		HOW LC	ONGYRS/MTS
CITY:	STAT	'E:	_ZIP:
NAME OF OTHER ADULT'S THAT WILL OC	CUPY THE UNIT: (Complete	page 2 of the application for ea	ch person listed)
NAMES, AGES AND SEX OF CHILDREN WI	HO WILL OCCUPY THE UNIT		
DO YOU HAVE A PET?IF YE	S, WHAT KIND?	WEIGH	г
APPLICANT'S EMPLOYER:		PHONE	#
ADDRESS:	CITY:	ST:	_ZIP:
HOW LONG?YRS/MTS PO	SITION:	TAKE HOME PAY	/MO/YEAR
PREVIOUS EMPLOYER:		PHONE #	
ADDRESS:	CITY:	ST:	ZIP:
HOW LONG?YRS/MTS PO	SITION:	TAKE HOME PAY	/MO/YEAR
OTHER INCOME: SOU	RCE:	MONTHLY AMOUNT:	VERIFIED
HAVE YOU BEEN EVICTED?IF SO	O GIVE DATE	COURT ACTION;	
HAVE YOU EVER HAD A FELONY YES			

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PLEASE PRINT CLEARLY

PLEASE INDICATE THE FOLLOWING: I am the ☐ Co-appl	icant ⊔ Co-S	igner ⊔ Roommate	e ⊔ Other _		
NAME:					
FIRST	MIDDLE	LAST			
CONTACT PHONE #S	SN #	DA1	TE OF BIRTH	1 1	—
E-MAIL ADDRESS:					
CURRENT LANDLORD:		PH0	DNE		
CURRENT ADDRESS:		но	W LONG	YRS/I	итѕ
CITY:	STATE		ZIP:		
PREVIOUS LANDLORD:		PH0	DNE		
PREVIOUS ADDRESS:		но	W LONG	YRS/I	итѕ
CITY:	STATE		ZIP:		
NAME AND BIRTH DATE OF OTHER ADULT'S THAT WILL	OCCUPY THE L	INIT			
NAMES, AGES AND SEX OF CHILDREN WHO WILL OCCUI	PY THE UNIT_				
DO YOU HAVE A PET?IF YES, WHAT KIND?	?	_WE	ІСНТ		
CO-APPLICANT'S EMPLOYER:		PH0	ONE #		
ADDRESS:C	ITY:	ST:	ZIP:		
HOW LONG?YRS/MTS POSITION:		TAKE HOME	PAY	MO/Y	EAR
PREVIOUS EMPLOYER:		PHONE #			
ADDRESS:C	ITY:	ST:	ZIP:		
HOW LONG?YRS/MTS POSITION:		TAKE HOME	PAY	MO/Y	EAR
OTHER INCOME: SOURCE:		MONTHLY AMOUNT:		VERI	FIED
HAVE YOU BEEN EVICTED?IF SO GIVE DATE		_COURT ACTION;			
HAVE YOU EVER HAD A FELONYYESNO DATE	E	ARE YOU IN THE U.S.	A. LEGALLY?	YES N	0

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EMERGENCY CONTACT:	CONTACT:PHONE #					
ADDRESS:		CITY:	ST:	ZIP:		
AUTOMOBILES:						
YEAR:MAKE/MODEL	- :	TAG #	<u> </u>	STATE:		
YEAR:MAKE/MODEL	-:	TAG #	<u> </u>	_STATE:		
\$50.00 AP I certify that the preceding inquiries that you deem no agree to the following:		ect and complete an	d I hereby author	ize you to m	ake any	
2. If I fail t	oplication is approve to move in once app oplication is denied,	roved, I understand	that the entire \$5	0.00 will be 1	forfeited.	
DATE APP	LICANT'S SIGNATURE		DRIVERS LICENS	E#	STATE	
DATE CO-A	APPLICANT'S or CO-SIG		DRIVERS LICENS			
Guardian Name:		_		-		
Address:						
T. _{Res} ult that their thank t	Marine me	DO NOT WRITE BELOW	THIS LINE	11 mai 1	e (1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860	
ו	THE FOLLOWING TO BE	COMPLETED BY MANAG	SER / LEASING AGEN	т		
RENTAL AMOUNT \$	X 3 or 4 (select one)= \$	VERIFIED INCOME	E AMT \$		
The above information has been	reviewed as complete an	d verified with exception	as as noted below:			
MANAGER SIGNATURE		LEAS	SING AGENT SIG	NATURE		
TENANT IS:	APPROVED	DENIED	TENANT NOTII	FIED:	DATE	
MOVE-IN DATE:						
Documents attached:	app fee recpt	drivers lic. co	pyverified	income	other	