



OASIS PROPERTIES LLC

P O BOX 867, MONTICELLO, INDIANA 47960

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RESIDENTIAL APPLICATION

NAME(FIRST)_____ (M.I.)_____ (LAST)_____

CO-APPLICANT(FIRST)_____ (M.I.)_____ (LAST)_____

ADDRESS_____

How long at current address?_____ Current Monthly Rent_____

Landlord's Name/Phone #_____

Reason for Leaving Current Residence:_____

Home Phone_____ Work Phone_____

E-Mail Address_____

Place of Employment:_____ Wage_____

Co-applicant's Employment_____ Wage_____

How Long Employed with Current Employer(s)?_____

If less than 2 Years - Previous Employer(s)_____

Does anyone in your family smoke?_____

SS #_____ DOB_____ DL #_____

Co-Applicant's SS #_____ DOB_____ DL#_____

VEHICLE(S) (Year, Make, Model):_____

Names & Ages of Children_____

Are all of Children mentioned above living with you? (Explain)_____

Pets (Types)_____

In Case of Emergency, Contact Person(s) Other than Spouse:_____

We hereby give our permission for anyone listed above to release information regarding this application to Oasis Properties.

Applicant's Signature_____

Co-applicant Signature_____