APPLICATION FOR RESIDENCY
HARRISON APARTMENTS – 222 W. Lane Ave., Columbus, OH 43201
Phone (614)294-5551 Fax (614)294-2512

Date: _____

APARTMENT STYLE:
Lease Term: 10-month 12-month
# of Bedrooms: _____
Bedroom Size: _____
Roommate(s): _____
_____

HOW DID YOU HEAR ABOUT US?
Website (Please specify) _____
Advertisement (Please specify) _____
Referral (Please specify name) _____
Walked/Drove by our location _____
Other (Please specify)_____

Name: _____
(first) (middle) (last)
Current Address: _____
(street) (city, state, zip)
Phone Number: _____ **Cell Number:** _____

Present Landlord: _____ **Landlord's phone:**_____

Permanent Home Address: _____
(street) (city, state, zip)
Permanent Home Phone Number: _____

Social Security Number: _____ **Birth date:**_____

School status as of September 1, 2010: FR SO JR SR College Major/Minor _____

Email address:_____@_____

Parental/Co-Signer Information

Parental/Co-signer Names: _____

Parental/Co-signer Address: _____
(street) (city, state, zip)

Parental/Co-signer place of employment, work phone numbers, position, # of yrs. On job

Father_____

Mother_____

Guardian_____

Social Security Number of Co-Signer: _____

Signature of Co-Signer: _____

Employment Verification If Applicable

Employed by:_____ Address:_____
Position:_____ Phone Number:_____ Supervisor_____
Length of Employment:_____Salary:_____Annual Income_____
Previous Employment:_____Position:_____Salary:_____

***For Non U.S Citizens only; Inn-Town Homes will require a copy of your passport and Visa for verification. Passport #:_____**

No agreement, either written or oral, shall be binding on applicant, agent or owner, unless and to the extent set forth in lease. I/We agree that you may conduct a credit, background and reference check of us. Acceptance of this application does not ensure a room reservation. Space is reserved upon signing a lease agreement by all parties and putting down a security deposit before the property reaches full capacity. I/We hereby authorize Harrison Apartments to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements of other data obtained from me/us or any other person pertaining to my/our employment history, credit prior tendencies, character, general reputation, personal characteristics, mode of living, to obtain to obtain a consumer report and such other credit information which may result thereby, and to discuss and furnish such information to the owner's agent listed above in support of this application. I/We have been advised that I/We have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of this investigation. I/We warrant that all the above information is true and correct, and agree to the terms and conditions that I/we have read and understand.

Signature of Applicant:_____
***Please provide a copy of applicant and cosigners drivers license**