

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

Date: _____

APARTMENT STYLE:

of Bedrooms: _____

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 College Address: _____
 (street) (city, state, zip)

Cell Number: _____

Present Landlord: (If in dorm put OSU) _____ **Landlord's Phone:** _____

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

Permanent Home Phone Number: _____

Social Security Number: _____ **Are you at least 18 years of age? Y / N**

School status as of Fall move in: FR SO JR SR **College Major/Minor** _____

E-Mail Address: _____@_____

Parental/Co-Signer Information

Parental/Co-signer Names: _____ **Cell phone #'(s)** _____

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: _____ **E-Mail Address** _____

Signature of Co-Signer: _____ (please provide a copy of drivers license)

Employment Verification (If Applicable (Ex. No Cosigner))

Employed by: _____ Address: _____

Position: _____ Phone Number: _____ Supervisor _____

Length of Employment: _____ Salary: _____ Annual Income _____

Previous Employment: _____ Position: _____ Salary: _____

***For Non U.S Citizens only; Harrison Apartments 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 co-signers driver's license**