



Oak Haven Investments, LLC

www.OakHavenRentals.com

513-735-0080

Credit Check

Full Name

Co-Applicant Name

Your Date of Birth

Co-Applicant Date of Birth

Your Soc. Sec. #: ____/____/____

Drivers License #: _____

Co-App. Soc. Sec. #: ____/____/____

Drivers License 2 #: _____

List other members of household over 18

(1) _____/____/____
Full Name Date of Birth Social Security #

(2) _____/____/____
Full Name Date of Birth Social Security #

(3) _____/____/____
Full Name Date of Birth Social Security #

(4) _____/____/____
Full Name Date of Birth Social Security #

CREDIT CHECK RELEASE

I/We hereby apply for the apartment listed above, with my/our signature(s) below, I/We hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) company will be chosen by Oak Haven Investments LLC. Agency Phone Number _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

****THE CREDIT CHECK FEE IS \$____ PER ADULT (Out of State \$____) AND THE COST OF THIS CREDIT CHECK IS THE RESPONSIBILITY OF THE APPLICANT. THIS FEE IS NOT REFUNDABLE.***

DEPOSIT AGREEMENT

Deposit \$ _____ Applicant Signature _____

Unit Address: _____

Deposits are not refundable and will hold the apartment at _____ Until _____