

## Rental Application for the Cottages at UCO

Welcome to the Cottages at UCO. Before submitting your application for consideration, please read the following instructions.

- 1) Application: Answer every question on the application. If you are applying as a co-signer, you only need to complete the application for whoever will be co-signing (not all household members). All applicants must be of legal age and have a full understanding on the English language.
- 2) Background check: A background check and credit report will be pulled on all parties 18 years of age and older, including any co-signer. **A \$40 non-refundable application fee is due for each adult applicant, spouse, and co-signer upon submitting the application.** All background and credit reports remain the property of the Cottages at UCO and will be kept on file as a permanent record. The contents of your file will be shared with the owner of the property to make a decision about your application. Should you dispute the contents of your report, you will be given contact information for the reporting agency. The Cottages at UCO will not be involved in any disputes and the property will not be held for you while a dispute is being settled.
- 3) Holding / Security Deposit: The Security Deposit is \$800 - \$1600 and potentially refundable at move-out, depending on the condition of the unit. If you wish for us to hold a unit (any or a specific one) after the approval of your application, you will need to pay the \$200 Holding Deposit no later than 72-hours after approval. The Holding Deposit will be applied towards your Security Deposit due at move-in. We do not accept post-dated or 3<sup>rd</sup> party checks. The Holding Deposit is non-refundable in the event you cancel the agreement.
- 4) Pets: We allow certain pets, with restrictions. If you have questions or need more information, please discuss it with us before or at the time of your application. Note: if you have a service animal, you will be required to submit reliable documentation of a disability and that the animal provides disability-related assistance or support before we can consider your application.
- 5) Qualifying: All applicants must be 18 years of age or older. Applications will not be considered without a proper Photo ID for each applicant, spouse, and co-signer. Approved IDs are:
  - a. Driver's License / State ID
  - b. Passport / Green Card / Work Visa

Cottages at UCO LLC does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted inside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).

Application for Unit # \_\_\_\_\_ Desired Move-In \_\_\_\_\_ Length of Lease \_\_\_\_\_ months

Are you an **APPLICANT** or a **CO-SIGNER** (please circle one)?

**HOUSEHOLD INFORMATION:**

First Name:		Middle Name:		Last Name:	
Birthdate:		Social Security #:		DL # & State:	
Current Address:					
City:		State:	Zip:	How Long?	
Phone #:		Texts? Yes or No	Email:		

If married, please enter your spouse's information below.

First Name:		Middle Name:		Last Name:	
Birthdate:		Social Security #:		DL # & State:	
Current Address (if different than above):					
City:		State:	Zip:	How Long?	
Phone #:		Texts? Yes or No	Email:		

Please list all the dependents that will be living in the house. Please use the back if more than 3 dependents.

First Name:	Last Name:	Relationship:	Birthdate:
First Name:	Last Name:	Relationship:	Birthdate:
First Name:	Last Name:	Relationship:	Birthdate:

If you have pets, please enter their information below.

Name:	Type/Breed:	Weight:	Age:
Name:	Type/Breed:	Weight:	Age:

**Household Information (continued)**

**Are one or more of your animals considered a service animal? YES NO**

If you have a service animal, you will be required to provide reliable documentation of a disability and that the animal provides disability-related assistance or support. The documentation must be received before we can consider your application.

<b>Housing References:</b> List the <b>past 3 years</b> of housing references. If need additional space, use the back of this page.		
<b>Address:</b>		<b>City, State &amp; Zip:</b>
<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	<b>From:</b> _____ <b>to</b> _____	<b>Amount:</b>
<b>Landlord Name:</b>		<b>Landlord Phone #:</b>
<b>Address:</b>		<b>City, State &amp; Zip:</b>
<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	<b>From:</b> _____ <b>to</b> _____	
<b>Landlord Name:</b>		<b>Landlord Phone #:</b>

1. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any felony crime? Yes or No If Yes, provide the nature of the crime(s) & location:

\_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

2. Is any member of your household in the U.S. Military, retired from, honorably discharged from, or a legal dependent of someone who is? Yes or No

If Yes, who? \_\_\_\_\_ Self or Dependent What branch? \_\_\_\_\_

3. Has any member of your household ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes or No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**INCOME INFORMATION:**

<b>Please list employment income.</b> (Include overtime, tips, bonuses, commission, and payments received in cash.)				
Household Member	Name of Company	Phone Number of Employer	Net Amount Monthly	Years Worked

<b>List any other regular income not listed above</b> (educational grants, disability, child support, alimony, etc)			
Household Member	Source of Benefit	Amount	How Often

**Miscellaneous Information:**

<b>Please list the information for all vehicles that will be on the property. Use the back if more than 3 vehicles.</b>				
Year	Make	Model	Color	Tag Number

In the event of an emergency and you or your household members cannot be reached, please list an Emergency Contact that will know how to get in touch with you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you referred to us by a friend or family member that is currently a resident? YES NO

If yes, please tell us who to thank for referring you: \_\_\_\_\_

Cottages at UCO  
800 Chowning Ave  
Edmond, OK 73034

(405) 657-2570  
[www.UcoCottages.com](http://www.UcoCottages.com)  
[CottagesUCO@gmail.com](mailto:CottagesUCO@gmail.com)

**Signature Clause:**

I certify that all information and answers to questions are true and correct to the best of my knowledge. I consent to release the necessary information to the Cottages at UCO to determine my eligibility. I will provide all necessary information to expedite this process in any way possible. I understand that intentional misrepresentation will be grounds for denial of my application either as a prospective tenant or co-signer. I also understand that such action may result in criminal penalties.

I understand that in compliance with the FAIR CREDIT REPORTING ACT, the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information that I provided, including consumer reports from consumer/credit reporting agencies.

I hereby grant the property owner and management of the Cottages at UCO the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, current and former employers, and current and former landlords to release information they may have about me. I also hereby release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**Both applicant and spouse, if applicable, must sign below:**

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Signature

Date

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Signature

Date