

OFFICE USE ONLY:	
Property:Approved:SFA info:	

54 W. Washington St. Nelsonville, OH 45764 740-753-4863 740-753-5720 fax amy@lhxprop.com

amy(a)lhxprop.com WWW.LHXPROP.COM

## **COLLEGE HOUSING**

## **APPLICATION TO RENT**

\*\*\*PLEASE PRINT CLEARLY\*\*\*

Applicant's Full Name:	Today's Date						
Social Security Number:	Driver's License Number:		State				
Cell Phone Number: ()	Email Addres	s:					
Current Address:							
Current Landlord:	urrent Landlord: Landlord Phone Number:						
Permanent Address:							
STUDENT TENANTS ARE REQUIRED TO COMPLETE THE FOLLOWING							
Date Started at HC: SemYear I	Program/Major:		Estim	ated Graduat	ion Date:		
PARENT 1 Name:		Cell Phone: (	_)				
Address:		City		State	Zip		
Work Phone: (	Home: ()		_E-mail: _				
PARENT 2 Name:		Cell Phone: (	_)				
Address:		City		State	Zip		
Work Phone: ()	Home: ()		_E-mail: _				
EMERGENCY CONTACT (name, relationship & p	phone number):				<del></del>		
TO WHOM WOULD YOU WANT REN	T REMINDERS MAI	ILED?? Circle One	e: Parent	1 or Pare	ent 2		
By initialing the following, I understand that it is the polic specific alternative arrangements are made in <i>advance</i> . It <b>NOT</b> alter the payment schedule on my contract. I also un <i>Acknowledge with Initials</i>	understand that rent remin	nders are merely a court	tesy and that	non-receipt of st	atement DOES		
Name of Designated Co-Signer							
IF THE APPLICANT FAILS TO SIGN A LEASE AFTER APPROVAL, THE HOLDING DEPOSIT WILL BE FORFEITED.							
Acknowledgement by Applicant Signature / Date							