

Athens Station Apartments

123 West Union Street, Athens, OH 45701

Phone: (740) 593-3153 Email: athenstation@athensstation.com

www.athensstation.com

2024-2025

IMPORTANT NOTICE TO ALL APPLICANTS

ALL information on this application must be filled in before it can be processed – please PRINT legibly

1. Leases must be executed by both husband and wife, when applicable.
2. Leases must be executed by all persons to occupy the apartment, always applicable.
3. Leases must be co-signed by a financially responsible party, when applicable.

Please PRINT CLEARLY and answer ALL questions

Applicant Name _____ Social Security No. _____ Date of Birth _____
Last, First Middle

E-mail address _____ Cell Phone _____ Home Phone _____

Spouse's Name _____ Social Security No. _____ Date of Birth _____
Last, First Middle

E-mail address _____ Cell Phone _____ Home Phone _____

Names of Children _____ Ages _____

Current Address _____ City _____ State _____ Zip Code _____

Own - Mortgage Payment \$ _____ Rent - Per Month \$ _____ Live with parents

Have you ever: Been Evicted Broken a Lease When does your current lease end/move out date? _____

Current Apt. Community / Dorm / Sorority / Fraternity

Name _____ Address _____

Co-Signer's Name (If you will be under 21 at Lease Start Date) _____ Their Email Address _____

Permanent Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian/
Emergency Contact _____ Phone _____ Relationship _____

Parent/Guardian/
Emergency Contact Address _____ City _____ State _____ Zip Code _____

Car You Plan to Register for a Parking Pass:

Auto Make and Model _____ Year _____ Driver's License No. _____ State _____

Apartment Type Desire 1 Bedroom (Unit A) 2 Bedroom (Unit B) 2 Bedroom (Unit C) 2 Bedroom TH (Unit D)

Updated Bldgs. 5, 11 & 13: 1 Bedroom (Unit A) 2 Bedroom (Unit B) 2 Bedroom (Unit C) 2 Bedroom TH (Unit D)

Date needed: May 11, 2024 to May 3, 2025 August 17, 2024 to August 1, 2025

July 5, 2024 to June 28, 2025

Other date requested (if applicable): _____ Number of people to live in Apt. _____

Student Information

Are you currently, or will you be a student at: Ohio University Hocking College Other _____
(If you are not a student, please continue on to Roommate information Rental Information) Name of Other University

Current Class Standing: Freshman Sophomore Junior Senior Graduate Medical

Major _____ Advisor _____ Phone No. _____

Roommate Information (If your intended roommate is to be a person other than a spouse or child, please list their name)

Roommate Name _____ Phone No. _____
Last First Middle

Has your roommate turned in an application? Yes No

Applicant Name _____
Last First Middle

Rental Information - Past Not Current (Current should be written on page 1)

Previous Addresses

1.) Landlord Name _____ Apt. Community, Dorm _____
Sorority/Fraternity Name _____

Address _____ Phone _____ Rent Per Year/Qtr. _____

2.) Landlord Name _____ Apt. Community, Dorm _____
Sorority/Fraternity Name _____

Address _____ Phone _____ Rent Per Year/Qtr. _____

3.) Landlord Name _____ Apt. Community, Dorm _____
Sorority/Fraternity Name _____

Address _____ Phone _____ Rent Per Year/Qtr. _____

Employment Information : Check YES if OU Student Unemployed YES I Am An OU Unemployed Student

Present Employer _____ Address _____
(City) (State) (Zip Code)

Position _____ Annual Income _____ Length of Employment _____

Supervisor _____ Phone or Fax _____

Previous Employer _____ Address _____
(City) (State) (Zip Code)

Position _____ Annual Income _____ Length of Employment _____

Supervisor _____ Phone or Fax No. _____

Spouse's Employer _____ Address _____
(City) (State) (Zip Code)

Position _____ Annual Income _____ Length of Employment _____

Supervisor _____ Phone or Fax No. _____

I/we have read all pages of this application and certify that the information herein is TRUE and CORRECT, that this application is submitted for the purposes of inducing approval of the application in my/our behalf.

This is to inform you that as a part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your personal character, general reputation and mode of living, as well as your ability to pay the rent. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. Failure to comply with every one of the following conditions at the time your lease is entered into or at the time of any subsequent renewal thereof will cause you to be in default of such lease or renewal thereof.

Applicant's Signature Date _____

Spouse's Signature Date _____

You may mail or deliver applications to: **Athens Station LTD.
123 West Union Street
Athens, OH 45701**

Applications can be sent via email as a PDF to: athensstation@athensstation.com or faxed to: (740-594-8024)

****We have a Strict NO PET Policy****

ATHENS STATION, LTD.

123 West Union Street • Athens, OH 45701 • (740) 593-3153 www.athensstation.com

Please explain how you shall timely meet the financial obligations of your lease (i.e., Self / Work, Parents, Loans, Etc.)

Reference Release of Information - Consent Form 2024-2025

Date: _____

(Please list someone who we may contact that can give you a good personal recommendation)

I _____, hereby authorize and give consent to:
(Applicant Printed Name)

Reference's Name

Street Address

City

State

Zip Code

Area Code Phone Number

To release **ANY** information to **ATHENS STATION APARTMENTS**, which is relevant to my likely future conduct or behavior as a tenant.

Applicant's Signature

Applicant's Printed Name