

# Athens Station Apartments

123 West Union Street, Athens, OH 45701

Phone: (740) 593-3153 Email: [athensstation@athensstation.com](mailto:athensstation@athensstation.com)

[www.athensstation.com](http://www.athensstation.com)

2026-2027

## 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 \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian/  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian/  
Emergency Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 9, 2026 to May 1, 2027 ☐ August 8, 2026 to August 1, 2027

☐ July 3, 2026 to June 26, 2027

☐ 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****Previous Addresses****Apt. Community, Dorm****1.) Landlord Name** \_\_\_\_\_ **Sorority/Fraternity Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Rent Per Year/Qtr. \_\_\_\_\_

**Apt. Community, Dorm,****2.) Landlord Name** \_\_\_\_\_ **Sorority/Fraternity Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Rent Per Year/Qtr. \_\_\_\_\_

**Apt. Community, Dorm,****3.) Landlord Name** \_\_\_\_\_ **Sorority/Fraternity Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Rent Per Year/Qtr. \_\_\_\_\_

**Employment Information**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 \_\_\_\_\_

Position \_\_\_\_\_ Annual Income \_\_\_\_\_ Length of Employment \_\_\_\_\_  
(City) (State) (Zip Code)

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](mailto:athensstation@athensstation.com) or faxed to: (740-594-8024)

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

# ATHENS STATION, LTD.

Page 3

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*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 2026-2027

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