

PHOENIX ON COURT

30 South Court Street  
Athens, OH 45701  
(740) 594-4771

2025-2026 RENTAL APPLICATION REFERENCE

Release of Information Request:  
(Please list someone you know that can give you a good personal reference)

Applicant Name: \_\_\_\_\_

I Hereby Authorize:

\_\_\_\_\_  
Reference's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Phone Number

to release **ANY** information to **PHOENIX ON COURT APARTMENTS** which is relevant to my likely future conduct or behavior as a tenant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Office Use Only:

Application Received Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_