

# Sycamore Place Apartments

123 West Union Street  
Athens, OH 45701  
(740) 593-6397  
leasing@sycamore.place

## 2024-2025 RENTAL APPLICATION

**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 **SYCAMORE PLACE 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: \_\_\_\_\_

\_\_\_\_\_

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