

Mississippi Applicant Information

EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITES ARE JOINTLY HELD

Last Name		First Name		Initial	Maiden Name		Social Security No		Date of Birth	
Applicant										
Co-Applicant										
Applicant Email					Co- applicant email					
Names of all other occupants to live in the property										
Last Name		First Name		Initial	Relationship					
PET(S) Dogs, Cats, Fish, Birds, Reptiles, Rodents etc.										
Total Number:										
Name of Pet		Type/Breed		Size/weight		Age	Spayed/neutered?		Declawed?	
		/					yes no		yes no	
		/					yes no		yes no	
*Present or Last Residence (required)										
*Address			Apt/Unit Number		*City			*State	*Zip Code	
Home #			Work #			Cell #				
*Resided From:			*Resided to:		*Monthly Mortgage Payment \$			*Monthly Rental Payment \$		
*Mortgage Company or Name of Landlord					*Landlord's Daytime Phone			*Current lease end date		
Reason for moving:										
*Previous Residence - If current residence is less than 2 years:										
*Address			Apt/Unit Number		*City			*State	*Zip Code	
*Resided From:			*Resided to:		*Monthly Mortgage Payment \$			*Monthly Rental Payment \$		
*Mortgage Company or Name of Landlord					*Landlord's Phone			*Current lease end date		
Reason for moving:										
EMPLOYMENT HISTORY										
MILITARY: Attach copy of latest Leave & Earnings Statement and/or Transfer Orders; SELF-EMPLOYED: Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C; SALARIED/HOURLY/WEEKLY EMPLOYEES: Attach copies of last year's Form W-2 or most recent paystubs. Applicant(s) shall provide, if necessary, a salary key code if verification is to be obtained via an automated employment and salary verification service. Applicants must provide proof of income to the homeowner.										
PRESENT EMPLOYMENT										
*Employed By:				If Military – Rank/Rate			Branch		Length of Service	
Business Address:				City			State		Zip Code	
Position:		Salary \$		Number of Hours/Week:		Employment Start Date:				
Supervisor Name and Title:						Contact Number:				

PREVIOUS EMPLOYMENT (if with present employer less than (1) year.)									
*Employed By:				If Military – Rank/Rate		Branch		Length of Service	
Business Address:				City		State		Zip Code	
Position:			Salary \$		Number of Hours/Week:		Employment Start Date:		
Supervisor Name and Title:						Contact Number:			
CO-APPLICANT PRESENT EMPLOYMENT:									
*Employed By:				If Military – Rank/Rate		Branch		Length of Service	
Business Address:				City		State		Zip Code	
Position:			Salary \$		Number of Hours/Week:		Employment Start Date:		
Supervisor Name and Title:						Contact Number:			
CO-APPLICANT PREVIOUS EMPLOYMENT (if with present employer less than (1) year.)									
*Employed By:				If Military – Rank/Rate		Branch		Length of Service	
Business Address:				City		State		Zip Code	
Position:			Salary \$		Number of Hours/Week:		Employment Start Date:		
Supervisor Name and Title:						Contact Number:			
ADDITIONAL INCOME Applicant need not disclose alimony, child support or separate maintenance income or its source, unless applicant wishes it to be considered for the purpose of the application for tenancy.									
	\$ Amount			Source			Per		
Applicant									
Co-Applicant									
FINANCIAL HISTORY									
FINANCIAL INSTITUTION				TYPE OF ACCOUNT		ACCOUNT NUMBER		CURRENT BALANCE	
MONTHLY PAYMENTS				Payment of 3 mos. or more duration, e.g., Auto, Mortgage, Alimony, Dependent Support, Taxes, Garnishment, Etc.					
Payments Made To				Purpose of Payment		Balance		Montly Pmt. \$ Amount	

OTHER FINANCIAL INFORMATION

YES NO

Has Applicant ever filed
Bankruptcy?

Date Filed

Date of Discharge

Has Applicant ever been evicted or had judgment issued against
him/her?

Are there any outstanding judgments against Applicant?

Has Applicant had property foreclosed upon or given title or deed
in lieu thereof in the past seven (7) years?Is Applicant obligated to pay alimony, child support, or separate
maintenance?

Is Applicant a co-maker or endorser on a note?

*** If Applicant answered "YES" to any of the above questions, please attach explanation.

VEHICLES			Number and descriptions of Automobiles, Motorcycles, Vans, Trucks, Trailers, Campers, RVs, Boats, Commercial Vehicles, etc.		
Make	Model	Year	Color	State	License Number

OTHER INFORMATIONDo you own or Plan to Purchase a Waterbed?
*Requires owner approval and waterbed insurance.

YES

NO

EMERGENCY CONTACT who does not reside with you.

Name		Contact Phone		Relationship	
Address		City		State	Zip Code

CONTINGENCIES

This application cannot be processed until contingencies are agreed to or removed.

I/We represent that the premises shall not be used for any illegal or restricted purpose(s) and certify that the above information is true and complete to the best of my/our knowledge.

I/We hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

If accepted this application becomes a part of the lease.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE