



APPLICATION FEE: \$25.00 per adult \*MONEY ORDER\* (NON-REFUNDABLE)  
APPLICATION FEE \$75.00 (Corporate App) Money Order Only

**CREDIT RENTAL APPLICATION**

Date \_\_\_\_\_ Amt Deposit Received \_\_\_\_\_

Property Address \_\_\_\_\_ Date Deposit Received \_\_\_\_\_

Move In Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone #'s \_\_\_\_\_ Home \_\_\_\_\_ Cell # \_\_\_\_\_

---

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years \_\_\_\_\_

---

Owner/Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

---

Applicant's Current Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

---

Position \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Drivers License Info:

Applicant # \_\_\_\_\_ State Issued \_\_\_\_\_

Co-Applicant # \_\_\_\_\_ State Issued \_\_\_\_\_

Email Address: \_\_\_\_\_  
Applicant

Email Address: \_\_\_\_\_  
Co-Applicant

Co-Applicant Information: \_\_\_\_\_  
Date of Birth

---

Spouse/Roommate Name	Social Security #	Phone#
----------------------	-------------------	--------

---

Present Address	City	State	Zip	Years
-----------------	------	-------	-----	-------

---

Spouse/Roommate Employer	Address	Phone#
--------------------------	---------	--------

---

Position	Salary	Supervisor's Name	Phone#
----------	--------	-------------------	--------

In case of emergency notify:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Have you ever broken a lease or been evicted from any type of housing? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Has Co-Applicant ever broken a lease or been evicted from any type of housing? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Co-Applicant ever been convicted of a crime? If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of other occupants (All persons occupying premises must be listed).

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any pets? Yes/No If yes, how many and what kind? \_\_\_\_\_

How many automobiles (including company cars) would you keep at this address?

Make: _____	Title Owner: _____	Color _____	Year _____	Tag #: _____
Make: _____	Title Owner: _____	Color _____	Year _____	Tag #: _____
Make: _____	Title Owner: _____	Color _____	Year _____	Tag #: _____
Make: _____	Title Owner: _____	Color _____	Year _____	Tag #: _____

Credit References for Applicant:

Bank \_\_\_\_\_ Address \_\_\_\_\_ Acct# \_\_\_\_\_

Open Accounts/Checking \_\_\_\_\_ Savings \_\_\_\_\_ Bank Phone# \_\_\_\_\_

Other Open Accounts \_\_\_\_\_ Phone \_\_\_\_\_ Amount Owed \_\_\_\_\_

Other Open Accounts \_\_\_\_\_ Phone \_\_\_\_\_ Amount Owed \_\_\_\_\_

Personal References:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

THE SECURITY DEPOSIT WILL BE REFUNDED ONLY AFTER COMPLETION OF THE TERMS SPECIFIED IN THE LEASE OR IF APPLICANT DECIDES WITHIN THREE (3) DAYS OF MAKING DEPOSIT NOT TO MOVE IN AND NOTIFIES MANAGEMENT. AFTER THREE (3) DAYS, THE DEPOSIT WILL BE FORFEITED WITH NO EXCEPTIONS.

BY SIGNING THIS APPLICATION, ALL APPLICANTS GIVE PERMISSION TO RUN A CREDIT CHECK AND CRIMINAL BACKGROUND CHECK, AS WELL AS VERIFY PAYMENT HISTORY WITH PRESENT/PREVIOUS LANDLORD. THE CREDIT CHECK WILL APPEAR ON CREDIT REPORT AS AN INQUIRY. APPLICANT(S) UNDERSTAND THAT THIS CREDIT AND CRIMINAL INFORMATION MAY BE USED IN DETERMINING ABILITY TO MAKE RENTAL PAYMENTS. THIS APPLICATION AND THE CONTENTS ARE REPRESENTED TO BE ACCURATE AND COMPLETE. IF APPLICANT(S) HAS QUESTIONS CONCERNING THE INFORMATION OBTAINED, CONTACT RESIDENT DATA BY CALLING 1-800-487-3246.

\*\*\*\*POLICY DICTATES THAT A COPY OF A DRIVER'S LICENSE AND/OR PICTURE ID, AS WELL AS A SOCIAL SECURITY CARD, MUST BE SUBMITTED WITH THIS APPLICATION.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Spouse/Roommate Signature Date \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO THE APPLICABLE PROPERTY MANAGER:

9153 Lorraine Road  
Gulfport, MS 39503  
PHONE# (228) 594-9243  
FAX#: (228) 594-9934

934 Jackson Avenue  
Pascagoula, MS 39567  
PHONE: 228-769-7788  
FAX: 228-762-4027

4300 Gex Road  
Diamondhead, MS 39525  
PHONE: 228-255-3550  
FAX: 228-255-3189