



4100 N. Gloster Street Tupelo, MS 38804
Office: (662)678.1113 Fax: (662) 678.1117

Date: _____
Time of Day: _____
Apt No: _____
Expected Move In: _____

Rental Application

(Please Print)

(if applicant is accepted as a resident, this application is to become a part of the rental agreement)

Applicant's Name _____ Date of Birth _____ Soc. Sec. No. ____ - ____ - ____

Spouse's Name _____ Date of Birth _____ Soc. Sec. No. ____ - ____ - ____

Marital Status: Single Married Divorced Separated

Present Address _____ City _____ State _____ Zip _____

Phone () _____ Cell Number _____ Current Monthly Payment \$ _____

Apartment name or Mortgage Company _____ Phone () _____ How Long ____ yrs ____ mos.

Previous Address _____ City _____ State _____ Zip _____ How Long ____ yrs ____ mos.

Employed By _____ Position _____

Address _____ Phone () _____

How Long ____ years ____ mos. Supervisor's Name _____ Gross Monthly Income \$ _____

Additional Income _____

Previous Employer (if less than 1 year at present job) _____

Supervisor's Name _____ Phone () _____

Spouse Employed by _____ Position _____

Address _____ Phone () _____

How Long ____ years ____ months Supervisor's Name _____ Gross Monthly Income \$ _____

Name and Relationship of All Other Persons to Occupy Apartment

| (Full Name) | (Relationship) | (Age) |
|-------------|----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In Case of Emergency Notify (Nearest Relative Not Living With You) Name _____

Address _____ Phone () _____

Bank Reference _____ Checking _____ Savings _____ Loan _____

Account Number _____

Current Monthly Obligations (Department Store, Bank Noted, Car Payments, etc.)

| (Owed To) | (Account Number) | (City and State) | (Balance Due) | (Monthly Payments) |
|-----------|------------------|------------------|---------------|--------------------|
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |

Personal Reference

Name _____ Phone () _____

Name _____ Phone () _____

Do You Have Any Pets? _____ If so, Specify type and weight _____

Auto No 1: Make _____ Year _____ Tag no. _____

Auto No 2: Make _____ Year _____ Tag no. _____

Do you own a motorcycle, Van, Boat Trailer, Truck or Camper? _____ If so, Specify _____

Have You Been Evicted From An Apartment During the Last Five Years? _____

If So, Provide Details on attached sheet.

How Did You Find Out About Our Apartments? _____

Credit Application Fee

Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or payment of administrative fee. In the event this application is disapproved, the sum will be retained by Management to cover the cost of processing application as furnished by the applicant. This application must be signed before it can be processed by Management. Any false information will be grounds for rejection of application.

Good Faith Payments

I hereby pay \$ _____ to Management as a good faith payment in connection with this rental application. If my application is accepted, I understand this can be applied toward payment of my refundable Security Deposit and/or toward payment of my Non-Refundable Administrative Fee which are due prior to taking possession of the apartment. If management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline my application, then Management will refund this good faith payment to me in full within thirty (30) calendar days. I understand I may cancel this application by written notice within 48 hours of this agreement's execution and receive a full refund of this good faith payment. If I cancel after 48 hours or fail to execute management's usual rental agreement, or refuse to occupy the premises on the agreed upon date, I understand this payment will be forfeited and thus non-refundable. I hereby authorize any credit agency, management company, landlord, employer, law enforcement agency, and other similar persons or entities to furnish to The Pines at Barnes Crossing any and all information that may be requested regarding my credit, income or residential history. I understand that management has the right to see my driver's license and verify my social security number.

Applicant: _____ Spouse: _____

RELEASE OF GOOD FAITH PAYMENT:

I authorize Management to release my good faith payment of \$ _____ on Apartment _____ and apply it toward payment of my Security Deposit of \$ _____, and/or toward payment of my Non-Refundable Administrative fee of \$ _____.

Signature: _____ Date: _____

Apartment No.: _____ Rent Amount: _____ Rent Begins _____