

RENTAL APPLICATION

(NOTICE: CO-APPLICANT MUST FILL OUT A SEPARATE APPLICATION)

Non- Refundable Application Fee of \$ _____
must be included with this Application.

PLEASE TELL US ABOUT YOURSELF:

Full Name _____
Social Security Number _____ Date of Birth _____
Spouse's Full Name _____
Spouse's Social Security Number _____ Date of Birth _____
Phone _____ Email _____

RENTAL HISTORY (For the past 2 years, beginning with most current)

Current address _____
Owned - Rented - Other How Long? From: _____ To: _____
Landlord/Manager Name _____ Phone _____
Previous Address _____
Owned - Rented - Other How Long? From: _____ To: _____
Landlord/Manager Name _____ Phone _____

EMPLOYMENT INFORMATION

Employment Status, please Circle one:

Employed Full-Time, Part-time, Student, Retired, Unemployed, Other

Current Employer: _____ Position _____

Monthly Salary \$ _____ Annual Salary \$ _____

Supervisor's Name _____ Telephone Number () _____

If employed by above less than 6 months, give name, address, and telephone # of previous employer or school _____

Spouse's Name _____ Position _____ Monthly Salary \$ _____

Supervisor's Name _____ Telephone Number _____

If spouse employed by above less than 6 months, give name, address, and telephone # of previous employer or school _____

Other Income: \$ _____ Source: _____

NAMES OF OCCUPANTS (All persons occupying premises must be listed)

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMEGENCY CONTACT _____ Relationship _____
Address _____ Telephone Number _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

Bank _____ City/State _____ Checking Acct. # _____

Bank _____ City/State _____ Checking Acct. # _____

Credit Reference: _____ Telephone Number _____

Credit Reference: _____ Telephone Number _____

AUTOMOBILE INFORMATION

Make _____ Color _____ Year _____ Tag Number _____

Make _____ Color _____ Year _____ Tag Number _____



EQUAL HOUSING OPPORTUNITY

We do business in accordance with the Fair Housing Act.

HAVE YOU EVER:

Filed for bankruptcy? YES NO

Been evicted from tenancy? YES NO

Willfully or intentionally refused to pay rent when due? YES NO

Please give any additional information, which might help management evaluate this application:

PETS

Pets: (Yes or No) Number: (1 or 2) Combined Weight: _____ pounds

Type: _____

GRANT PROGRAM PARTICIPATION

As participants of the Eco-Cottage and / or the Mississippi Alternative Housing Program we must identify your current housing situation. Please check box that applies:

_____ Mississippi disaster survivors with temporary housing needs met via FEMA financial or direct housing assistance.

_____ Disaster survivors who are pre-disaster residents of Mississippi and currently receiving Federal disaster housing assistance through other Federal programs

_____ Disaster survivors who are pre-disaster residents of Mississippi who do not currently receive housing support but have on-going housing needs.

_____ Any other person with on-going housing needs.



EQUAL HOUSING
OPPORTUNITY

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I/We certify, under penalty of perjury that the information given here is true and correct.

Signature of Applicant: _____ Date _____

Signature of Spouse: _____ Date _____

To return by mail, please send to:



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