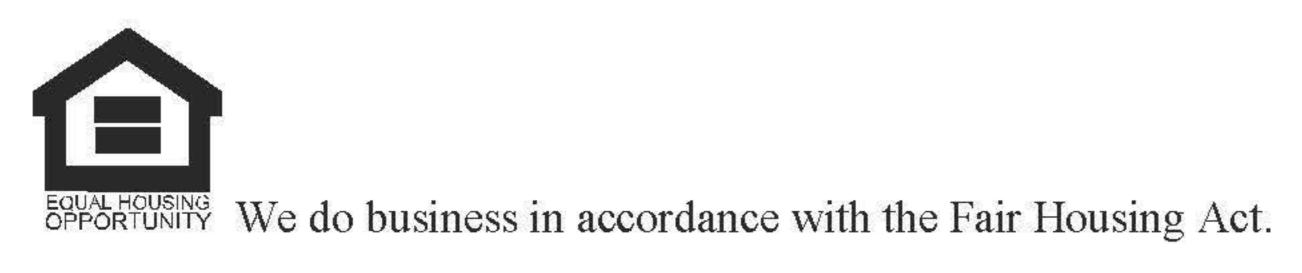
RENTAL APPLICATION

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

Non- Refundable Application Femust be included with this Appli			
PLEASE TELL US ABOUT YO	URSELF:		
Full Name			
Social Security Number _	Date o	of Birth	
Spouse's Full Name			
Spouse's Social Security N	Jumber Date o	of Birth	
Phone	Email		
	st 2 years, beginning with most cur		
	low Long? From:		
Landlord/Manager Name			
Landlord/Manager Name _	Phone		
EMPLOYMENT INFORMATION			
Employment Status, ple	ase Circle one:		
Employed Full-Time, Pa	art-time, Student, Retired, Une	mployed, Other	
Current Employer:	Position		
Monthly Salary \$	Monthly Salary \$ Annual Salary \$		
Supervisor's Name	pervisor's Name Telephone Number()		
If employed by above less employer or school	than 6 months, give name, address	s, and telephone # of previous	

Spouse's Name_		Position_		Monthly Salary \$
Supervisor's Nar	ne	Tel	ephone Number_	
If spouse employers employers	oyed by above less that oyer or school	ı 6 months, g	ive name, address	s, and telephone # of
Other Income:	\$Sour	ce:		
NAMES OF OCCUPA	NTS (All persons occu	ipying premis	ses must be listed)
Name	I	Relationship		ate of Birth
·范				
*				
EMEGENCY CONTAC	CT		ionship e Number	
PLEASE LIST YOUR	BANK AND CREDIT I	REFERENCE	<u>S</u>	
Bank	City/State	.	Checking Acc	t.#
Bank	City/State)	Checking Acc	t.#
Credit Reference:		_Telephone l	Number	
Credit Reference:		_Telephone l	Number	
AUTOMOBILE INFOR	RMATION			
Make	Color	Year	Tag Number_	
Make	Color	Year	Tag Number	



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 mu 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.



Date	
Date	
To return by mail, please send to:	