



Phone: (662)323-8610
Fax: (662)323-8639

500 Louisville Street
Starkville, MS 39759

Cedar Cove Apartments - Middlecreek Townhouses - Briarwood Townhouses - Delmar Townhouses

APPLICATION TO LEASE

PLEASE PRINT CLEARLY

FOR MANAGEMENT USE ONLY:

DATE NEEDED _____

APARTMENT _____

DEPOSIT _____ NOTIFIED

PARENT LEASE NOTIFIED

PART I: PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

SS # _____ DRIVER'S LICENSE # _____ DATE OF BIRTH _____

PHONE NUMBER:
ROOMMATES' NAMES:
CHILDREN'S NAMES AND BIRTHDATES:
ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT YEAR? <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD
CHECK ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
WILL YOU HAVE A PET? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE DESCRIBE:
(PLEASE REMEMBER THAT ALL PETS MUST BE APPROVED BY MANAGEMENT)
ARE YOU EXPECTING A CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN?
PLEASE LIST NAMES AND BIRTHDATES OF ANY VISITING CHILDREN:
HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE EXPLAIN:

PART II: RESIDENCE HISTORY

CURRENT ADDRESS	CITY, STATE, ZIP
CHECK ONE: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY PAYMENT:
PLEASE LIST NAME AND PHONE NUMBER OF LANDLORD OR MORTGAGE COMPANY:	
HOW LONG HAVE YOU LIVED THERE?	

PREVIOUS ADDRESS	CITY, STATE, ZIP
CHECK ONE: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY PAYMENT:
PLEASE LIST NAME AND PHONE NUMBER OF LANDLORD OR MORTGAGE COMPANY:	
HOW LONG DID YOU LIVE THERE?	

PART III: EMPLOYMENT

CURRENTLY EMPLOYED BY:		SUPERVISOR:
ADDRESS:		PHONE NUMBER:
POSITION:	PAY: \$ _____ per _____	HOW LONG?
PLEASE LIST ANY ADDITIONAL SOURCES OF INCOME, SUCH AS STUDENT LOANS, CHILD SUPPORT, ALIMONY, ETC.		
PREVIOUSLY EMPLOYED BY:		SUPERVISOR:
ADDRESS:		PHONE NUMBER:
POSITION:	PAY: \$ _____ per _____	HOW LONG?

PART IV: REFERENCES

BANK ACCOUNT	BANK NAME:	LOCATION:	PHONE:
AUTO LOAN	LENDER NAME:	LOCATION:	PHONE:

PART V: ADDITIONAL INFORMATION

	MAKE & MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
VEHICLE 1					
VEHICLE 2					
IN CASE OF EMERGENCY, NOTIFY:	RELATIONSHIP TO APPLICANT	DAY PHONE	EVENING PHONE		

I hereby make application for occupancy of the described apartment unit on the terms specified.
 If the application is approved and deposit is made, I agree to enter into an Agreement of Lease for the apartment unit, terms and rental as outlined herewith. If I refuse to enter into an Agreement of Lease after 3 days of deposit being made, or if occupancy is not taken within 3 days after the occupancy date indicated, the deposit made herewith shall be retained by the management as liquidated damages.
 At the time the Agreement of Lease is executed, the deposit made herewith will be applied to and become a part of the Performance and Damage Deposit in accordance with the terms specified therein.
 Applicant hereby represents that all the above statements are true, correct, and complete. Applicant authorizes verification of the above information provided including, but not limited to obtaining a consumer credit report and agrees to furnish additional information upon request. The cost of this credit processing, \$25.00, is to be paid by the applicant. This cost is not rent or deposit and will not be refunded.

X _____
 AGENT SIGNATURE DATE

X _____
 APPLICANT SIGNATURE DATE

