

Summit Management Services, LLC
1903 University Ave. Suite 9
Oxford, MS 38655

Rental Application

A separate application must be filled out by each applicant. Complete each blank and sign where indicated.
You must complete the entire application.

Unit applying for: _____

Move-in Date: _____

Phone Number: _____

Email: _____

PERSONAL

APPLICANT'S FULL NAME _____

MARITAL STATUS Single Married since (date) _____ Divorced since _____
Former Spouse _____

BIRTH DATE _____ SS# _____ DRIVERS LICENSE State _____ # _____

RENTAL HISTORY

Present Address _____ City/State/Zip _____

Since _____ Rent per month _____ Phone _____

Present Landlord _____ Phone _____

Is rent up to date? Y N Have you given notice? Y N Have you been asked to leave? Y N

Previous Address _____ City/State/Zip _____

Since _____ Rent per month _____ Phone _____

Previous Landlord _____ Phone _____

Is rent up to date? Y N Have you given notice? Y N Have you been asked to leave? Y N

Previous Address _____ City/State/Zip _____

Since _____ Rent per month _____ Phone _____

Previous Landlord _____ Phone _____

Is rent up to date? Y N Have you given notice? Y N Have you been asked to leave? Y N

Permanent Address _____ City/State/Zip _____

OCCUPANTS

Number to occupy _____

Name _____ Relation _____ Birth Date _____

Name _____ Relation _____ Birth Date _____

Name _____ Relation _____ Birth Date _____

Name _____ Relation _____ Birth Date _____

Pets Y N (If yes) Number _____ Type _____ Size _____

CARS

Make/Model/Color _____ State _____ License plate # _____
Make/Model/Color _____ State _____ License plate # _____

EMPLOYMENT

EMPLOYER _____ Since _____ Street/City _____
Position _____ Supervisor _____ Hours _____ Phone _____
EMPLOYER _____ Since _____ Street/City _____
Position _____ Supervisor _____ Hours _____ Phone _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

Bank Credit Union _____ Account # _____
Bank Credit Union _____ Account # _____

REFERENCES

Relative _____ Relation _____
Address _____ Phone _____

Non-Relative _____ Relation _____
Address _____ Phone _____

Non-Relative _____ Relation _____
Address _____ Phone _____

Emergency Contact _____ Phone _____

CREDIT ACCOUNTS

CREDITOR'S NAME	ADDRESS	ACCOUNT#	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

Explain any "Y" answers on back with names and details

Has signer ever been sued for bills? Y N Has any signer ever been sued for eviction? Y N

Has any signer ever been bankrupt? Y N Has any signer ever been guilty of a felony? Y N

Has any signer ever broken a lease? Y N Is the rent and deposit available now? Y N

Name in which utilities are now billed _____ account# _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate, and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON REPRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT

DATE