

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

Rental Application for Students

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 _____

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? YN Have you given notice? YN Have you been asked to leave? YN

Previous Address _____ City/State/Zip _____

Since _____ Rent per month _____ Phone _____

Previous Landlord _____ Phone _____

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

Parent's Address _____ City/State/Zip _____

Parents Email Address _____

OCCUPANTS

Number to occupy _____

Name _____

Name _____

Name _____

Name _____

Pets YN (If yes) Number _____ Type _____ Size _____

CARS

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

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

EMPLOYMENT if applicable

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

INCOME if applicable

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

REFERENCES

Relative _____ Relation _____
Address _____ Phone _____
Relative _____ Relation _____
Address _____ Phone _____

Emergency Contact _____ Phone _____
(number must be different than two numbers above.)

FOR A STUDENT APPLICATION TO BE CONSIDERED COMPLETE, THE ATTACHED PARENTAL GUARANTY AND PARENTAL APPLICATION MUST BE COMPLETED AND TURNED IN.

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

FOR OFFICE USE ONLY (DO NOT WRITE BELOW)

Credit Report (Favorable/Unfavorable) By: _____
Other Comments _____
Deposit _____ Option _____ Monthly Rent _____
Unit Applied For: _____ Lease Terms _____ Months _____
Move-in Date _____ Lease Expires _____ Number of Keys _____
Total Number of Occupants _____ Separate Pet Deposit _____
Utilities to be paid by Tenants: Gas Electric Water

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.