

SUMMIT MANAGEMENT SERVICES, LLC
119 HERITAGE DR.
OXFORD, MS 38655

RENTAL APPLICATION FOR NON-STUDENTS
(Please Print Legibly)

Unit Applying for: _____

Move-in Date: _____

Cell Phone Number: _____

Email: _____

Personal

Applicant's Full Name _____

Marital Status: Single Married Divorced Birth Date _____

SS# _____ Driver's License State _____ # _____

Rental History

Present Address _____ City/State/Zip _____

Since _____ Rent per Month _____

Previous Landlord _____ Phone _____

Is rent up to date? Yes No Have you given notice? Yes No

Have you been asked to leave? Yes No Current monthly rental payment? _____

Previous Address _____ City/State/Zip _____

Since _____ Rent Per Month _____

Previous Landlord _____ Phone _____

Is rent up to date? Yes No Did you give notice? Yes No

Were you asked to leave? Yes No

What was the monthly rental payment? _____

Who will be living in the unit?

Number of People _____

Name and Relationship _____

Name and Relationship _____

Name and Relationship _____

Name and Relationship _____

Pets

Yes No (If yes) Number _____ Type _____ Size _____

Cars

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

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

Employment if applicable

1)Employer _____ Since _____ Street/City _____

Position _____ Supervisor _____ Hours _____ Phone _____

2)Employer _____ Since _____ Street/City _____

Position _____ Supervisor _____ Hours _____ Phone _____

Income

Current income \$ _____

I get paid every: (circle one) Week 2-Weeks Month Other _____

The amount printed on the check is generally: \$ _____ Any other income: _____

I make \$ _____ Per year

Relatives/ References

1)Name _____ Relation _____

Address _____ City/State/Zip _____

Phone _____

2)Name _____ Relation _____

Address _____ City/State/Zip _____

Phone _____

Emergency Contact _____ **Phone** _____

Bank References

1) Name of Bank: _____

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 the applicant’s knowledge. Owner reserves the right to disqualify tenant if information is not 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**