**MCPM RENTAL APPLICATION**

**Resident No, 1** First Name: Middle Initial: Last Name:

Phone: Work Phone: SS #: Birth Date:

I

j

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Email Address: **Are you in full/part-time school?**

Marital Status:

**Spouse/Resident No. 2** First Name: Middle Initial: Last Name:

Phone: Work Phone: SS *#:* Birth Date: / /

Email Address: **Are you in full/part-time school?**

Marital Status:

**Other Occupants: (Use additional page if more space is needed.)**

Name: Relationship: DOB:

Name: Relationship: DOB;

**Residence (Include all BUT must show residential history for a MINIMUM of the past 3 years.)**

Present Address:

City: State: Zip: Monthly Rent: $ Dates There: to

Landlord Name: Phone No:

Email Address:

Why are you moving? Were you evicted?

Former Address:

City: State: Zip: Monthly Rent: $ Dates There: to

Landlord Name: Phone No:

Email Address: Were you evicted?

Have you ever broken a lease on an apartment OR been evicted?  ***If "yes", please detail on separate page.***

Any pets? If yes, state what kind, how many and weight(s):

**Employment (Include all BUT must show a MINIMUM of a 2-year work history.)**

Present Employer: Phone:

Job Position/Job Title: Gross Monthly Salary:

Supervisor Name: Start Date:

Supervisor Email Address:

***Other Income: Source: Total Monthly Expenses Not Including Rent:***

Previous Employer: Phone:

Supervisor: Gross Monthly Salary: Start Date:

Email Address: End Date:

**Spouse *I* Resident No. 2 Employment (Include all BUT must show a MINIMUM of a 2-year work history.)**

Present Employer: Phone:

Job Position/Job Title: Gross Monthly Salary:

Supervisor Name: Start Date:

Supervisor Email Address:

***Other Income: Source: Total Monthly Expenses Not including Rent:***

Previous Employer: Phone:

Supervisor: Gross Monthly Salary: Start Date:

Email Address: End Date:

**Automobiles**

Car: Year Make: Model: Color: Plate#:

2nd Car: Year Make: Model: Color: Plate#:

*Updated 3/16*

**PLEASE DO NOT LEAVE ANY SECTIONS OF THIS APPLICATION  
BLANK.  
ENTER "N/A" i.e. NON-APPLICABLE WHERE NECESSARY.  
FAILURE TO COMPLETELY FILL OUT APPLICATION CAN RESULT IN  
DELAYS WITH PROCESSING OF APPLICATION AND/OR REJECTION OF  
APPLICATION.  
SHOW ADDITIONAL INFORMATION ON SEPARATE PAGE.**

*Updated 3/16*

**NO PETS WILL BE ALLOWED IN THE PROPERTY WITHOUT THE OWNER'S  
WRITTEN AUTHORIZATION.**

**Applicant Deposit**

Applicant represents that all the above statements are true and complete, and hereby authorizes the Owner/Manager and its authorized agent’s permission to make any investigation of my personal history, criminal, references, financial and credit records to approve or disapprove this application for residency. ***Applicant acknowledges that false information herein constitutes grounds for rejection of this application or termination of the right of occupancy.*** Applicant hereby waives any claim for damages by reason of non-acceptance of this application. This application is preliminary only and does not obligate Owner or Owner's agent to execute a lease of the property. Owner/Manager and its agents are equal opportunity housing providers and do not discriminate based on race, sex, handicap, familial status, national origin, color or religion. An application processing fee of **75$**  is due upon making application for any property

**THIS FEE IS NOT REFUNDABLE!**

I have read the above terms and conditions and fully understand such,

Applicant's Signature Date Address

Co-Applicant's Signature Date Address

**ARE YOU BEING REPRESENTED BY A REAL ESTATE AGENT?** If 'yes', please provide his/her information:

**RENTAL VERIFICATION**

The individual signed below has submitted an application for residence occupancy. Please provide the information requested and fax/email this form back: **228-832-4944 /** admin@mcpmrents.com. You may call us with any questions at **228-547-6404.** Thank you for your prompt response.

**Name of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I** hereby authorize release of the information requested below.

*\_\_\_\_\_\_\_\_\_\_\_*

Applicant's Signature Date

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

**(TO BE COMPLETED BY APARTMENT / LANDLORD / PROPERTY MANAGER)**

Dates of Residence: through (include all dates if they renewed earlier)

Monthly Rent$

No

Expected Move-out date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you rent to this tenant again? |  |  | Yes |  |
|  |  |  |  |  |
| Did the tenant give proper notice? |  | Yes |  | No |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Late fee charges? | Yes No Number of times? | |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eviction filing? |  | Yes |  | No Number of times? | |
|  |  |  |  |  |  |

Any lease violations issued to resident? Yes No Number of times?

*Updated 3/16*

Have there been any NSF's in the last 24 months? Yes No Number of times?

Any dispute(s), property damage(s), owing rent, move out early? *Please detail on separate page.*

Name of Property Manager/Landlord *(circle one)* Company Name

Email Address Signature and Date

Phone Number

**EMPLOYMENT VERFICATION**

The individual signed below has submitted an application for residence occupancy. Please provide the information requested and fax/email this form back: **228-832-4944 /** admin@mcpmrents.com. You may call us with any questions at **228-547-6404.** Thank you for your prompt response.

**Name of Applicant**

**I** hereby authorize release of the information requested below.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Applicant's Signature Date

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**(TO BE COMPLETED BY EMPLOYER, NOT APPLICANT.)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates of Employment: Job Title: | |  | | | | |  |  | |
|  | | | | |  | |
| Salary$ | | |  | year |  | month |  | bi-weekly | |
|  |
| Bonus/Commission$ | |  | |  |  |  |  |  | |
| Is Employment |  | Full-time | | |  | Part-time | | |  |
|  |  |  |

Temporary

_Pic43

week hour

_Pic46



Typical number of hours worked per week:

*Updated 3/16*

Supervisor Name:

Title & Department:

Company:

Signature: Date

Phone:

Email:

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I HEREBY AUTHORIZE **MS Coast Property Management**

And their agents to receive any CRIMINAL HISTORY record information pertaining to me which may be in the files of any state or local criminal justice agency. I release all parties from liability for damages for issuing such information in good faith.

FULL NAME:

SSN:

ADDRESS: APT NO:

CITY: STATE: ZIP:

SIGNATURE: DATE:   
DRIVER'S LICENSE STATE AND NUMBER:

|  |
| --- |
| The following information is required to insure an accurate match and is not used for any other purposes.  SEX: RACE: DATE OF BIRTH: |

***A driver's license copy for everyone 18 years and over MUST ACCOMPANY this page.***

*Updated 3/16*

**REFERENCES**

Please provide three verifiable references (character, credit, etc. **Not personal).** Include current contact information as well. Application will not be considered complete without these references.

1

2

3.

*Updated 3/16*

**EMERGENCY CONTACT INFORMATION**

Please list three persons/individuals that are your reliable contacts. Include name, phone number and email.

1  
2.

3.

*Updated 3/16*