

COTTAGES AT SECOND STREET

215 East Second Street
Pass Christian, MS
228-860-7428
jessica@cloyd.ms

RENTAL APPLICATION

(NOTICE: CO-APPLICANT MUST FILL OUT A SEPARATE APPLICATION)

The undersigned hereby makes application to rent cottage # _____

Non- Refundable Application Fee of \$35 for individuals and \$50 for married co-applicants must be included with this Application.

PLEASE TELL US ABOUT YOURSELF:

Full Name _____

Social Security Number _____ Date of Birth _____

Spouse's Full Name _____

Spouse's Social Security Number _____ Date of Birth _____

Phone _____ Email _____

RENTAL HISTORY (For the past 2 years, beginning with most current)

Current address _____

Owned - Rented - Other How Long? From: _____ To: _____

Landlord/Manager Name _____ Phone _____

Previous Address _____

Owned - Rented - Other How Long? From: _____ To: _____

Landlord/Manager Name _____ Phone _____

EMPLOYMENT INFORMATION

Employment Status, please Circle one:

Employed Full-Time, Part-time, Student, Retired, Unemployed, Other

Current Employer: _____ Position _____

Monthly Salary \$ _____ Annual Salary \$ _____

Supervisor's Name _____ Telephone Number () _____

If employed by above less than 6 months, give name, address, and telephone # of previous employer or school _____

Spouse's Name _____ Position _____ Monthly Salary \$ _____
Supervisor's Name _____ Telephone Number _____

If spouse employed by above less than 6 months, give name, address, and telephone # of previous employer or school _____

O
ther Income: \$ _____ Source: _____

NAMES OF OCCUPANTS (All persons occupying premises must be listed)

	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMEGENCY CONTACT _____ Relationship _____
Address _____ Telephone Number _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

Bank _____ City/State _____ Checking Acct. # _____

Bank _____ City/State _____ Checking Acct. # _____

Credit Reference: _____ Telephone Number _____

Credit Reference: _____ Telephone Number _____



We do business in accordance with the Fair Housing Act.

AUTOMOBILE INFORMATION

Make _____ Color _____ Year _____ Tag Number _____

Make _____ Color _____ Year _____ Tag Number _____

STRICT LIMIT OF TWO (2) VEHICLES PER COTTAGE.

Recreational vehicles, trailers or boats are prohibited.

HAVE YOU EVER:

Filed for bankruptcy? YES NO

Been evicted from tenancy? YES NO

Willfully or intentionally refused to pay rent when due? YES NO

Please give any additional information, which might help management evaluate this application:

PETS

Pets: (Yes or No) Number: (1 or 2) Combined Weight: _____ pounds

Type: _____

I recognize that as a part of your procedure for processing my application Cloyd Properties agent is hereby authorized to verify the accuracy of all information contained in this application and permission is granted to obtain a credit report. I (we) agree to pay \$35 for individuals and \$50 for married co-applicants as a non-refundable application fee.

I/We certify, under penalty of purjury that the information given here is true and correct.

Signature of Applicant: _____ Date _____

Signature of Spouse: _____ Date _____

To return by mail, please send to:
Cloyd Properties
702 Porter Ave
Ocean Springs, MS 39564



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