

SRA Properties P.O. Box 100 * Senatobia, MS. 38668

Phone 662-562-7653

*****We Do NOT Allow Any Pets*****

*****Absolutely NO SMOKING!! *****

RENTAL UNIT RESIDENT APPLICATION

RESIDENT DATA:

NAME: _____

DATE OF BIRTH: _____ SSN: _____

HOME PHONE: _____ CELL PHONE: _____

SPOUSE / ROOMMATE:

NAME: _____ SSN: _____

DATE OF BIRTH: _____ SSN: _____

HOME PHONE: _____ CELL PHONE: _____

YOUR CURRENT ADDRESS:

STREET: _____ CITY/STATE _____

ZIP CODE: _____ HOW LONG THERE: _____ CURRENT RENT: \$ _____

LANDLORD: _____ PHONE: _____

PRIOR ADDRESS:

STREET: _____ CITY/STATE _____

ZIP CODE: _____ HOW LONG THERE: _____ PRIOR RENT: \$ _____

LANDLORD: _____ PHONE: _____

VEHICLES:

1.

				\$ _____
YR.	MAKE	MODEL	COLOR	MONTHLY NOTE

2.

				\$ _____
YR.	MAKE	MODEL	COLOR	MONTHLY NOTE

ADDITIONAL DEBTS THAT YOU OWE: (ALL APPLICANTS MUST LIST)

TYPE OF DEBT OWED:	MONTHLY PAYMENT:	TOTAL BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOU MAY USE A SEPARATE SHEET OF PAPER TO LIST ANY ADDITIONAL DEBTS THAT YOU OWE.

ADDITIONAL OCCUPANTS:

NAME	AGE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

APPLICANT EMPLOYMENT:

EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

JOB DESCRIPTION: _____

HOW LONG EMPLOYED: _____ SUPERVISORS NAME: _____

WHAT IS THE AMOUNT YOU BRING HOME **AFTER** TAXES ARE TAKEN OUT: _____

HOW OFTEN ARE YOU PAID? DO NOT LEAVE THIS BLANK, PLEASE CHECK ONE: _____ WEEKLY
_____ BI-WEEKLY (EVERY 2 WEEKS)
_____ MONTHLY

SPOUSE / ROOMMATE EMPLOYMENT:

EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

JOB DESCRIPTION: _____

HOW LONG EMPLOYED: _____ SUPERVISORS NAME: _____

WHAT IS THE AMOUNT YOU BRING HOME **AFTER** TAXES ARE TAKEN OUT: _____

HOW OFTEN ARE YOU PAID? DO NOT LEAVE THIS BLANK, PLEASE CHECK ONE: _____ WEEKLY
_____ BI-WEEKLY (EVERY 2 WEEKS)
_____ MONTHLY

IF YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE SOCIAL SECURITY, RETIREMENT, CHILD SUPPORT, ALIMONY OR ANY OTHER CHECK OTHER THAN FROM EMPLOYMENT, PLEASE INDICATE AS FOLLOWS:

SOURCE: _____ AMOUNT: \$ _____

HOW OFTEN: _____ DATE RECEIVED ON: _____

ADDRESS OF SOURCE: _____ CITY/STATE _____ ZIP: _____

IF YOU PAY CHILD SUPPORT, PLEASE INDICATE THE AMOUNT YOU PAY: \$ _____

HOW OFTEN: MONTHLY OR WEEKLY

FINANCIAL REFERENCES:

BANK: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TYPE OF ACCOUNT: _____

SPOUSE/ ROOMMATE:

BANK: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TYPE OF ACCOUNT: _____

CREDIT REFERENCES:

NAME: _____ **ADDRESS:** _____ **PHONE #:** _____

1. _____

2. _____

3. _____

SPOUSE / ROOMMATE:

NAME: _____ **ADDRESS:** _____ **PHONE #:** _____

1. _____

2. _____

3. _____

PERSONAL REFERENCES :

NAME: _____ HOW LONG HAVE YOU KNOWN: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

NAME: _____ HOW LONG HAVE YOU KNOWN: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

NAME: _____ HOW LONG HAVE YOU KNOWN: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

NEAREST RELATIVE:

NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

1. Have you ever filed bankruptcy? _____ When? _____ Chapter 7 or 13 _____

2. Have you ever been served an eviction notice or been asked to vacate a property you were renting?

3. Do you or anyone that will be occupying the home smoke? _____

4. Do you or anyone that will be occupying the home have any pets? _____

If any of the above given information is incorrect, then any lease executed by SRA Properties shall authorize immediate cancellation of the lease and eviction of the parties occupying same.

I/WE OFFER THE FOREGOING INFORMATION AS INDUCEMENT TO YOU TO RENT OR LEASE ME/US YOUR RENTAL UNIT. UNDER PENALTY OF PERGURY, I/WE DECLARE SAID FOREGOING INFORMATION TO BE TRUE AND CORRECT AND DO HEREBY AUTHORIZE YOU TO CONDUCT AN EMPLOYMENT AND CREDIT CHECK TO VERIFY OUR REFERENCES. YOU ARE AUTHORIZED SPECIFICALLY TO OBTAIN ANY CREDIT REPORT AVAILABLE FROM ANY SOURCE INCLUDING THE SOURCES OF SENATOBIA BANK.

DATE: _____

SIGNATURE

SIGNATURE

CONSENT AND AUTHORIZATION

I/WE, THE UNDERSIGNED, DO HEREBY CONSENT AND AUTHORIZE SRA PROPERTIES OR ANY EMPLOYEE OF SRA PROPERTIES TO OBTAIN FROM ANY SOURCE AND/OR FINANCIAL INSTITUTION ANY INFORMATION INCLUDING INFORMATION FROM PRIOR LANDLORDS AS TO THEIR PAYMENT HISTORY AND ALSO TO OBTAIN ALL INFORMATION NEEDED OR DESIRED FROM ANY LENDING INSTITUTION OF EVERY NATURE WHERE THE UNDERSIGNED HAVE MADE PRIOR LOANS OR HAVING EXISTING LOANS OR WHERE I/WE HAVE PREVIOUSLY RENTED.

DATED THIS DAY: _____

SIGNATURE

SIGNATURE