

ELLIS ARMS APARTMENTS
PHONE: (901) 326-8571

47 DELTA AVE. CLARKSDALE MS. 38614
EMAIL: EllisArmsApartments@gmail.com

LEASE APPLICATION

Date of Application: _____

Property Address: 47 Delta Avenue

Unit No.: Any

City, State, Zip Code: Clarksdale, MS 38614

Applicant

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Social Security Number _____

Phone Number _____ Email Address _____

Driver's License No. _____ Driver's License State of Issue _____

Applicant

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Social Security Number _____

Phone Number _____ Email Address _____

Driver's License No. _____ Driver's License State of Issue _____

Residence History

Provide at least 1 year of history.

Current Address _____ Unit No. _____

City, State, Zip Code _____

Dates of Residence: From ____ / ____ / ____ To ____ / ____ / ____ Monthly Rent \$ _____

Reason For Moving _____

Check one: Own _____ Rent _____ Other (specify) _____

If Rent, Name of Landlord _____ Landlord Phone No. _____

Previous Address _____ Unit No. _____

City, State, Zip Code _____

Dates of Residence: From ____ / ____ / ____ To ____ / ____ / ____ Monthly Rent \$ _____

Reason For Moving _____

Check one: Own _____ Rent _____ Other (specify) _____

If Rent, Name of Landlord _____ Landlord Phone No. _____

Have you ever been evicted? (Yes or No) _____

If yes, provide explanation _____

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Have you ever broken a lease? (Yes or No) _____

If yes, provide explanation _____

Employment / Financial

Provide at least 1 year of history. Please provide recent check stub.

Current Employer _____ Position/Title _____

Address _____

City, State, Zip Code _____

Name of Supervisor _____ Phone Number _____

Dates of Employment: From ____ / ____ To ____ / ____ Monthly Income \$ _____

Previous Employer _____ Position/Title _____

Address _____

City, State, Zip Code _____

Name of Supervisor _____ Phone Number _____

Dates of Employment: From ____ / ____ To ____ / ____ Monthly Income \$ _____

Previous Employer _____ Position/Title _____

Address _____

City, State, Zip Code _____

Name of Supervisor _____ Phone Number _____

Dates of Employment: From ____ / ____ To ____ / ____ Monthly Income \$ _____

Other Sources of Income

(Provide any other sources of income that you want the Landlord to consider.)

Source of Income _____ Amount of Income _____

Source of Income _____ Amount of Income _____

Source of Income _____ Amount of Income _____

List All Other Occupants at the Property

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

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Vehicles to be Parked at Property

Vehicle Make _____ Model _____ Year _____ Color _____
License Plate Number _____ State _____

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License Plate Number _____ State _____

Pets

Ellis Arms Apartments is a no-pet community.
Do you have any pets? (Yes or No) _____

Smoking

Smoking is not permitted inside Ellis Arms Apartments; smoking is allowed outside only.
Do any of the occupants smoke? (Yes or No) _____

Other

Have you ever been convicted of a crime? (Yes or No) _____
If yes, provide explanation _____

Have you ever declared bankruptcy? (Yes or No) _____
If yes, provide explanation _____

Emergency Contact

First Name _____ Middle Initial _____ Last Name _____
Address _____
City, State, Zip Code _____
Relationship _____ Phone Number _____

Personal References

First Name _____ Middle Initial _____ Last Name _____
Address _____
City, State, Zip Code _____
Relationship _____ Phone Number _____

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First Name _____ Middle Initial _____ Last Name _____
Address _____
City, State, Zip Code _____
Relationship _____ Phone Number _____

It is against the law to discriminate against any person in the terms, conditions or privileges or rental of a dwelling, or in the provision of services or facilities in connection with such dwelling, because of race, color, religion, sex, handicap, familial status or national origin. State and local laws may protect additional classes from housing discrimination.

Applicant authorizes the verification of all statements and information provided in this application including rental history, current and previous employment and income, bank and credit account details and any other relevant information necessary for Landlord to evaluate this application. If Applicant has provided any false or incomplete information in this application, Landlord may reject this application and/or terminate the lease agreement. Applicant will pay a non-refundable application fee in the amount of \$50.00 for Landlord's review and verification of the statements and information contained in this application.

Applicant certifies that all statements provided in this Lease Application are true, correct and complete.

Applicant Signature _____

Date _____