

MORGAN RENTAL PROPERTIES

100 Starr Ave. Suite E
Starkville, MS 39759

Phone: (662) 324-1028
Fax: (662) 324-1398

APPLICATION FOR RENTAL OF APARTMENT / HOUSE

LOCATION: _____

NAME: _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____ LANDLORD NAME AND PHONE NUMBER: _____

HOW LONG AT PRESENT ADDRESS? _____

PREVIOUS ADDRESS: _____ LANDLORD NAME AND PHONE NUMBER: _____

ARE YOU A STUDENT? _____ WHAT YEAR? _____

ARE YOU EMPLOYED? _____

PLEASE PROVIDE: PLACE OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____ HOW LONG EMPLOYED? _____

DO YOU HAVE AN AUTOMOBILE? _____ MAKE & MODEL: _____

COLOR: _____ TAG NO. _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____ CHILDREN? _____

PARENTS NAME, ADDRESS, AND PHONE NUMBER: _____

PHONE NUMBER WHERE YOU MAY BE REACHED: _____

Applicant hereby affirms that all the above information is correct and complete. Applicant authorizes verification of the above information.

Applicants Signature _____ **Date** _____

Tenant Information Sheet

No. _____

Tenant Name _____

Date of Birth _____ **Social Security Number** _____

Email Address _____

Cell Number _____

Telephone Number _____

Parent Name _____

Home Address _____

Home Telephone Number _____

Cell Number _____

Work Number _____

Parent Name _____

Home Address _____

Home Telephone Number _____

Cell Number _____

Work Number _____

Month Unit is needed _____