

VICKSBURG APARTMENTS INC.

891 CLAY STREET
VICKSBURG, MS. 39183
(601)630-2921 FAX (601)-630-0350

Today's date _____ Date of anticipated move in _____

Photo I.D. And Social Security Card Required

Personal Information:

Name _____

Date of Birth _____ Social security # _____

Driver's License # _____ State _____ Phone# _____

Name of Spouse/Roommate _____

Date of Birth _____ Social security# _____

Driver's License # _____ State _____ Phone# _____

Rental History:

Current Address _____

City _____ State _____ Zip _____

Dates from _____ to _____ Amount of rent _____

Landlord Name _____ Phone _____

Previous Address _____

City _____ State _____ Zip _____

Dates from _____ to _____ Amount of rent _____

Landlord Name _____ Phone _____

Employment History:

Current Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone _____

Monthly Salary _____ How long employed? _____

Previous Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone _____

Monthly Salary _____ How long employed? _____

How did you hear about us (circle one or more)? Newspaper Friend

Internet Other _____

Banking and Credit References:

Bank Name & Account Number

References (not a relative)

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

In case of emergency contact _____

Relationship _____ **Phone#** _____

Additional Contact _____

Relationship _____ **Phone#** _____

Names, ages, and relationship with others who will be living in apartment:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Vehicles to be parked at premises:

Make _____ **Model** _____ **Year** _____ **Color** _____

License Plate # _____

Make _____ **Model** _____ **Year** _____ **Color** _____

License Plate # _____

Have any applicants been convicted of a felony? Yes ___ **No** ___ (check one)

If yes, explain _____

Have any applicants broken a Lease? Yes ___ **No** ___ (check one)

If yes, explain _____

The above applicant(s) declare that all statements made in this application are true and complete. Applicant(s) authorize Vicksburg Apartments to verify all information in this application and to obtain credit information on listed applicant(s). If applicant(s) have given any false information, Landlord is entitled to reject the application.

Signature of Applicant _____ **Date** _____

Signature of Applicant _____ **Date** _____

**The Vicksburg Apartments
801 Clay Street
Vicksburg MS 39183
(601)-630-2921**

Employment Verification

Name of Employee _____

Signature of Employee to Release Information

_____ **Date** _____

Name of Employer _____

Address _____

Phone# _____

To Whom It May Concern:

This is to certify that (name) _____

Is working as (job title) _____

He/She currently holds a permanent/temporary position and their monthly salary after taxes is _____.

Employer's signature _____ **Title** _____

Date _____