

Guyton Properties, LLC

RENTAL APPLICATION

302 Spring Street
Starkville, MS 39759
Phone: (662) 323-9767
FAX: (662) 323-2020



We do NOT charge an application fee, and there is no obligation from completing this application. We will use this information to pre-approve you, and to help match you up with available units. Co-applicants should fill out a separate application form. PLEASE PRINT OR TYPE (All items must be filled out or marked not applicable):

PLEASE GIVE US AN IDEA OF WHAT YOU ARE LOOKING FOR IN A RENTAL PROPERTY

House Apartment Either Number of bedrooms needed: _____ Move-in Date: _____

We manage a number of properties in different price ranges. What price do you absolutely NOT want to go over? \$ _____ /Month

List any amenities you REQUIRE in the unit: _____

List any amenities you would LIKE in the unit: _____

Do you REQUIRE a pet-friendly unit? YES NO Pets (number and kind): _____

Pets are not allowed in most of our units. Choosing YES here will eliminate you from consideration for most properties.

PLEASE TELL US ABOUT YOURSELF

FULL NAME: _____ PHONE: _____

Date of Birth: _____ Sex: Male Female Social Security # _____

Name of Co-applicant: _____

Number of Dependents (children) (excluding co-applicant): _____ Ages of Dependents: _____

Your Driver's License Number _____ State _____

Your Vehicle Make/Model _____ Year _____ Tag # _____ State _____

PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST THREE YEARS (Beginning with Most Current):

CURRENT ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone: _____

PREVIOUS ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone: _____

PREVIOUS ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone: _____

PLEASE GIVE YOUR EMPLOYMENT & INCOME INFORMATION

YOUR STATUS: Employed Full-time Employed Part-Time Student Retired Un-employed

EMPLOYER (Current Previous): _____

Date(s) Employed: _____ Employed As: _____

Supervisor: _____ Supervisor's Phone: _____

Address: _____

Salary \$ _____ PER _____

Previous Employer or School: _____

If there are other sources of income you would like us to consider, please list amount, source and person who we can contact for confirmation:

Do you have a parent, or other guarantor, who would be willing to co-sign the lease with you? Yes No If Yes, please provide their name and contact information: _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

Your Bank(s):	City-State	Type of Account	Account Number
_____	_____	_____	_____
_____	_____	_____	_____

Credit References:

Have you ever: Filed for Bankruptcy? Yes No If Yes, date of discharge: _____

Been evicted from tenancy? Yes No

Willfully or intentionally refused to pay rent when due? Yes No

PLEASE GIVE US ANY ADDITIONAL INFORMATION WHICH MIGHT HELP US EVALUATE THE APPLICATION

APPLICANT CERTIFICATION

I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared where information is obtained through personal interviews with my neighbors, friends, and others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief, and I authorize management to verify all information in any way they deem appropriate, including verification of references and running a credit check.

Signature of Applicant: _____ Date: _____