

CREDIT RENTAL APPLICATION

(Each co-resident must submit a separate application)

**The Bienville Apartments &
The Park Residences at Bienville**
4223 I-20 Frontage Road
Vicksburg, Mississippi 39183
Phone (601) 636-1752
Fax (601) 630-0101
www.bienvilleapartments.com or www.parkresidences.com

OFFICE USE ONLY	
Approved _____	Not Approved _____
No. Assigned _____	
Address _____	
Amt. Deposit Received _____	
Date Deposit Received _____	
Date of Occupancy _____	
Date of Lease _____	
Rating _____	
Priority _____	

Date _____ Time _____
Property Name _____
Address Requested _____

NAME _____			Date of Birth _____		
(First)	(Middle)	(Last)			
Social Security No. _____		Driver's License No. _____		State _____	
Spouse/Roommate Name _____			Date of Birth _____		
Social Security No. _____		Driver's License No. _____		State _____	

PRESENT ADDRESS City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
PREVIOUS ADDRESS City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
CURRENT EMPLOYER			Phone	Years
Position	Salary	Supervisor's Name	Phone	
PREVIOUS EMPLOYER			Phone	Years
Position	Salary	Supervisor's Name	Phone	
SPOUSE'S EMPLOYER			Phone	Years
Position	Salary	Supervisor's Name	Phone	
In Case of Emergency Notify			Phone	
Address			City - State - Zip	

Residence Desired (No. of Bedrooms) _____ Date of Occupancy _____ Minimum Occupancy Expected _____
 Have you ever broken a lease or been evicted from any type of housing? Yes No If yes, please explain: (Use back for additional space) _____

Names of Other Occupants: (All persons occupying premises must be listed)

NAME	RELATIONSHIP	AGE

How many Autos (Including company cars) would you keep at this address? _____

Make _____ Color _____ Year _____ Lic. Tag No. _____ State _____
 Make _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Do you have any pets? _____ If so, indicate kind, weight, breed, age _____

How did you find out about us? _____

REFERENCES

BANK	Address	Account Number
MAJOR CREDIT CARD # NUMBER	Expires	MAJOR CREDIT CARD # NUMBER
		Expires
OPEN ACCOUNT	Phone	Amount Owed
OPEN ACCOUNT	Phone	Amount Owed
PERSONAL REFERENCE	Address	Phone
PERSONAL REFERENCE	Address	Phone

You have my permission to run a credit check Yes No. A credit check will appear on your credit report as an inquiry.
 This application and the contents thereof are represented, by me, to be accurate and complete.

Signature _____ Spouse's / Roommate's Signature _____

BIENVILLE APARTMENTS AND TOWNHOMES
AND
THE PARK RESIDENCES AT BIENVILLE

4223 I-20 Frontage Road
Vicksburg, MS 39180
(601) 636-1752
Fax: (601) 630-0101

Qualifications for Residency

- *Anyone over the age of 18 that will be residing in the applied for premises must complete an individual application for credit and criminal background processing.
- *Credit and criminal background reports will be obtained on all applicants.
- *Rental verifications will be completed for previous rental references.
- *Income must meet or exceed 3 times the rental amount of the applied for premises.
- *Deposit can range from \$500 to up to 2 months rent.

**Permission to Verify Information on Application
And Security Deposit Acknowledgement**

Applicant

I, _____, authorize Bienville Apartments and The Park Residences at Bienville to contact previous landlord(s), credit references, personal references, and place(s) of employment. I also authorize management to obtain my consumer credit report and criminal background history.

I, _____, also understand that once a deposit has been submitted to secure the rental of an apartment, that the deposit is not fully refundable. Half of the deposit will be retained if I should choose not to continue with the leasing of the apartment. The deposit will only be fully refundable at completion of a lease term, compliance with all lease obligations, and fulfillment of a thirty-day notification period.

Signature of Applicant: _____

Date Signed: _____

Phone Number: _____ Email Address: _____

Spouse/Roomate

I, _____, authorize Bienville Apartments and The Park Residences at Bienville to contact previous landlord(s), credit references, personal references, and place(s) of employment. I also authorize management to obtain my consumer credit report and criminal background history.

I, _____, also understand that once a deposit has been submitted to secure the rental of an apartment, that the deposit is not fully refundable. Half of the deposit will be retained if I should choose not to continue with the leasing of the apartment. The deposit will only be fully refundable at completion of a lease term, compliance with all lease obligations, and fulfillment of a thirty-day notification period.

Signature of Applicant: _____

Date Signed: _____

Phone Number: _____ Email Address: _____