

THE **Bienville**  
**PARK**  
**RESIDENCES**  
AT BIENVILLE

**Rental Application Packet**



4223 I-20 Frontage Road  
Vicksburg, MS 39183  
(601) 636-1752  
Fax: (601) 630-0101

**Please turn in the following information with your fully completed application for EACH person over the age of 18 years old (see final page for qualification details). Incomplete information may delay processing times.**

- Application **completely** filled out- front and back- with signatures where required. Be sure to read through all qualifications, verifications, and acknowledgements.
- Copy of valid government issued photo identification (ex. driver's license).
- Verifiable proof of net income for the most recent month or offer letter detailing upcoming salary information.
- Non-refundable application fee for **EACH** leasing applicant in the amount of **\$50.00-** payable in the form of money order or credit or debit card. No cash is accepted in our office. Checks are not accepted for the application fee.

Feel free to ask office staff for assistance or clarification if needed. We look forward to having you here!

Thank you!



# 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 _____	

<b>PRESENT ADDRESS</b> City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
<b>PREVIOUS ADDRESS</b> City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
<b>CURRENT EMPLOYER</b>			Phone	Years
Position	Salary	Supervisor's Name	Phone	
<b>PREVIOUS EMPLOYER</b>			Phone	Years
Position	Salary	Supervisor's Name	Phone	
<b>SPOUSE'S EMPLOYER</b>			Phone	Years
Position	Salary	Supervisor's Name	Phone	
<b>In Case of Emergency Notify</b>			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
MAJOR CREDIT CARD # NUMBER	Expires	MAJOR CREDIT CARD # NUMBER
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 \_\_\_\_\_

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**Qualifications for Residency**



- \*Credit and criminal background reports **must** and **will** be obtained on **all** person(s) over the age of 18 that will be residing in the unit.
- \*Only person(s) 18 years of age or older may have leaseholder status.
- \***ALL** person(s) to be residing in the unit must be listed on the application.
- \*Rental verifications will be completed. Please be sure to list any rental references for the last 3 years.
- \***Verifiable Net 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 confirm all information provided on this application and all additional documents provided are true and correct. I also understand that if any information is found to be inaccurate or incomplete my application may be rejected, and the application fee is not refundable.** (Initials) \_\_\_\_\_

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/Roommate**

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 confirm all information provided on this application and all additional documents provided are true and correct. I also understand that if any information is found to be inaccurate or incomplete my application may be rejected, and the application fee is not refundable.** (Initials) \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_