**RENTAL/LEASE APPLICATION**

**DELTA VILLAGE MOBILE HOME COMMUNITY**

**& WOODMOOR APARTMENTS**

**3836 Hwy 82 W. #00, Leland, MS 38756**

**Email:** [**DeltaVillageMHC@gmail.com**](mailto:DeltaVillageMHC@gmail.com) **www.DeltaVillage.net**

**Office Phone For Both: 662-378-3691**

***Thank you*** for your interest in Delta Village Home Community. We value each of our tenants. To ensure we have the best residents, we screen all our applicants to know we have found **Good Folks** to add to our community. We strive to have a beautiful, safe, clean, quiet and enjoyable community to give our residents a place to love coming home to! We know you will enjoy living here. Please take the time to complete each page of the application and sign and/or initial each page that requires an applicant signature.

**A separate $30 Background Check/Application fee is required for each individual over age 18**

**AND IS DUE AT TIME OF SUBMMISSION**

**Application must be COMPLETELY filled out by each adult occupant. ALL documents must be presented before an application will be considered for approval. Missing information will delay the process. If questions or if you need help, please do not hesitate to ask, we will do their best to provide assistance.**

**Copies of the following documents are needed in order to complete the application process:**

* **$30 Application Fee per Adult Household Member 18 yrs of age or older (Check or Money Order – non refundable)**
* **State Issued Identification (all household members 18 yrs of age or older)**
* **Social Security Cards for ALL household members**
* **Proof of Income – last 3 check stubs (example: Payroll check stubs, Award Letter for Social Security or SSI, Child Support Benefits, TANF, etc.)**
* **Sign the top portion of the Employment Verification & Residency Verification Forms. Forms are to be Submitted by Delta Village Community Managers Only.**
* **A deposit is required to hold a rental unit for you, which will be transferred to your security deposit upon move in. It is non-refundable if you hold a unit and then change your mind. \_\_\_\_\_\_\_\_\_\_\_\_ (initials)**

**Thank You, Management**

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**Our Objective**: To select Residents who are likely to pay their rent on time, respect community rules and property, and are kind and courteous neighbors. It is our policy to thoroughly investigate everyone making an application at Delta Village. We do this to ensure that after you move in we continue to get more good folks to live next to you.

* To qualify for tenancy and must also thoroughly complete a rental application and go through the approval process.
* Applicants must provide true, complete and accurate information pertaining to all households.
* Applicants must provide a valid social security card for all household members and photo I.D. for all adults.
* Prior eviction and/or criminal history is grounds for turn down of approval
* Applicants must provide adequate means of income to satisfy management guidelines

**APPLICANT INFORMATION:**

Name: Marital Status: Single Married Divorced

(First) (Middle) (Last)

Date of Birth: Age: Social Security No.: Driver’s Lic. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:

Applicant Phone #: (\_\_\_\_\_\_) Applicant’s Email Address:

**Name of Landlord/Mortgage Company:** Phone#: ( )

Applicant’s Current Address:

City: State: Zip: Own / Rent From: To:

**Name of Landlord/Mortgage Company:** Phone#: ( )

**Previous Address: (enough to cover 3 years**)

City: State: Zip: Own / Rent From: To:

Name of Landlord/Mortgage Company: Phone#: ( )

Previous Address:

City: State: Zip: Own / Rent From: To:

List any/all other states you have previously lived in

**Occupant Information (Must list all persons who under the age of 18 who will permanently live or temporarily reside at the leased premises – include spouse, children, family members and/or roommates): Over 18 needs to fill out a separate application.**

Name Relationship Date of Birth

**EMPLOYMENT/INCOME INFORMATION:**

Current Employer: Employer Phone #:

Employer Address: City: State: Zip:

Position: Gross Monthly Income: No. of Years Employed There:

Previous Employer: Employer Phone #: ( )

**(Cover 3 years)**

Employer Address: City: State: Zip:

Position: Gross Monthly Income: No. of Years Employed There:

Previous Employer: Employer Phone #: ( )

Employer Address: City: State: Zip:

Position: Gross Monthly Income: No. of Years Employed There:

**Please list any other source of income: (Unemployment, Disability, Social Security, TANF, Child Support, etc.)**

SOURCE AMOUNT

**VEHICLE INFORMATION (Unlisted and/or Broken Down Vehicles are Subject to Towing AT OWNERS EXPENSE)**

**What vehicles do you own?**

Year: Make: Model: Plate #:

Insurance Co: Policy #: Ins. Co. Phone #: ( )

Year: Make: Model: Plate #:

Insurance Co: Policy #: Ins. Co. Phone #: ( )

Year: Make: Model: Plate #:

Insurance Co: Policy #: Ins. Co. Phone #: ( )

**Do you own a working vacuum cleaner? \_\_\_\_\_\_\_\_\_\_\_ Lawn Mower? \_\_\_\_\_\_\_\_\_**

What is the name of your nearest relative? Relationship:

Relative’s Address: Their Phone #: ( )

Have you ever broken a lease with a rental or apartment community? Yes No

Have you ever been evicted from a rental or apartment community? Yes No

Do you have a musical instrument? Yes No If yes, what type of instrument do you have?

Do you have any pets? Yes No If Yes, What kind, species, and weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Delta Village? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felon? Yes No If Yes, please explain

Were you referred by a current Delta Village Resident? Yes No If Yes, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X

Applicant Signature Date

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**EXPENSES: List ALL expenses you have each month.**

**Car Payment/s? Yes\_\_\_\_\_? How much? \_\_\_\_\_\_\_\_\_\_**

**Weekly or Monthly? \_\_\_\_\_\_\_\_\_\_\_**

**No Car \_\_\_\_\_**

**Payment\_\_\_\_\_**

**Insurance Payment/s ?\_\_\_\_\_\_\_ How much?\_\_\_\_\_\_\_\_ Weekly or Monthly? \_\_\_\_\_\_\_\_\_\_\_**

**No Insurance\_\_\_\_\_\_\_**

**Credit Card payments? (list them all) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Bill ?\_\_\_\_\_\_\_\_\_\_\_**

**Medical Payments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Garnishments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Support ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List ANY and ALL other bills you pay each month**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RESIDENT SELECTION CRITERIA INFORMATION**

**Objective**: To select Residents who are likely to pay their rent on time and respect community property. It is our policy to thoroughly investigate everyone making an application at Delta Village and/or Woodmoor Apartments communities. Each Resident living in our homes or apartment must qualify on his/her own ability and pass a criminal background check.

**Applications for residency are accepted during business hours.** The head, co-head and/or spouse must be 18 years of age or older to qualify for tenancy and must also complete a rental application and go through the approval process.

* Applicants must provide true, complete and accurate information pertaining to all households.
* Applicants must provide a valid social security card for all household members, photo I.D. for all adults.

**APPLICATION VERIFICATON**

In processing your application, approval/disapproval will be based upon our ability to determine the credit worthiness, the past rental history, and the income viability of the prospective resident.

A Non-Refundable fee of $30 per adult 18 years old and over must be submitted with this application and will be applied as an application processing fee. By signing this application, I understand upon application approval the holding fee must be paid and is are nonrefundable unless Management decides prior to move in, against renting to you based on information gathered to the satisfactoriness of meeting our qualifications.

Deposits are not guaranteed to be refunded at move out, a $50 administration fee will automatically be deducted from your deposit as well as any other charges found at the time of move out for damages, rent and fees owed, lease breakages, etc.

Lease agreements are for a minimum 12 month period, after fulfilling a 12 month lease you may continue to rent on a Month to Month basis which will consist of the current rental rate in effect for the home at the time and an additional $25 a month. (\_\_\_\_\_\_\_\_\_\_\_) initials.

**A holding fee is required to hold a home or apartment for you, which will be transferred to your security deposit upon move in. Holding fee is non-refundable if you change your mind. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)**

By signing this application, I give Delta Village and/or Woodmoor Apartments permission to use this information to do a criminal background check, previous rental check and income employment verification. I verify the above information to be accurate and true to the best of my knowledge, if information is found to be falsified, and/or applicable information is omitted, said application will be declined and deposit will NOT be refunded.

Applicant Signature Date

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**TENANT RELEASE AND CONSENT FORM**

I , the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **Delta Village Home Community** for purposes of verifying information on my apartment rental application.

**INFORMATION COVERED**

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation as a qualified tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above the above information includes, but are not limited to:

Past and Present Employers Previous Landlords (including Public Housing Agencies)

Welfare Agencies Social Security Administration

Veterans Administration Banks and Other Financial Institutions

State Unemployment Agencies Support and Alimony Providers

Retirement Systems Medical and Child Care Providers

**CONDITIONS**

I agree that a photocopy of this authorization and my identification may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed.

I understand I have a right to review this file and correct any information that is incorrect.

Signature

X

Applicant/Resident Date

Print Name

NOTE: THIS GENERAL CONSET MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, A REQUEST FOR COPY OF TAX FORMS MUST BE PREPARED AND SIGNED SEPARATELY

**WARNING: Section 1001 of Title 18, U.S. Code provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned not more than five (5) years or both.”**

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**REQUEST FOR RESIDENCY VERIFICATION**

To Landlord/Apartment Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Submitted by: Title:

The person named below has submitted an application for housing rental with our firm. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendation on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank You

RE: Resident’s Name(s):

Occupancy Address:

Date(s) of Occupancy:

Applicant Signature: X Date:

**PROPERTY OWNERS’ OR MANAGEMENT AGENT COMMENTS**

Moved in Date: Moved Out Date: Still Occupant? Yes No

Was Proper Move Out Procedure Followed Through by Tenant? Yes No

Rent Amount? Is Rent Current? Yes No If not, what is Owed?

Rent Generally Paid: On Time Within Grace Period Occasionally Late Often Late

If Occasionally Late or Often Late, how often?

Any NSF Checks? Yes No How Many? Any Evictions Filed? Yes No How Many?

How Many Occupants Living in Apt.? Adults Children

Apartment Condition: Good Average Poor

Please Describe Average Apartment Condition:

Were there any complaints? Yes No If so, how many and how often?

Any notices of non-compliances with lease? Yes No Was lease fulfilled? Yes No

Are you a relative or a friend of applicant? Yes No

Signature Title Date

**EMPLOYMENT VERIFICATION**

THIS PORTION TO BE FILLED OUT BY APPLICANT

Date:

Employer Name:

Employer Address: City: State: Zip:

Applicant Name: Social Security Number:

I hereby authorize release of my employment information

Applicant Signature Date

THIS PORTION TO BE FILLED OUT BY EMPLOYER

**PLEASE COMPLETE ENTIRELY & RETURN THIS FORM TO:**

**Delta Village Mobile Home Community**

**3836 Hwy 82 W. #00, Leland, MS 38756**

**Phone #: (662) 378-3691 Email:** [**DeltaVillageMHC@gmail.com**](mailto:DeltaVillageMHC@gmail.com)

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Employee Job Title:

Presently Employed? Yes No Date First Employed: Date Last Employed:

Current Wages/Salary: (Circle One) Hourly / Weekly / Bi-Weekly / Semi-Weekly / Monthly / Yearly / Other

If other, please explain:

Average # of regular hours per week: Year-to-date earnings: Through:

Overtime Rate: Per Hour Average # of overtime hours per week:

Shift differential rate: Per Hour Average # of shift differential hours per week:

Commissions, bonuses, tips, other: Hourly / Weekly / Bi-Weekly / Semi-Weekly / Monthly / Yearly / Other

If other, please explain:

List any anticipated change in the employee’s rate of pay within the next 12 months:

Effective Date:

If the employee’s work is seasonal or sporadic, please indicate the layoff period(s):

Additional remarks regarding employee:

Employer’s Signature: Employer’s Printed Name Title

Phone #: Fax #: E-mail:

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U.S. Code made it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction**