



# APPLICATION FEE \$30

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## APPLICATION FOR RENTAL

### Primary Applicant

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ License State: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Rental History

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Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Rent: \$ \_\_\_\_\_ Years at Address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Rent: \$ \_\_\_\_\_ Years at Address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### Employment History

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Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Wages/Salary: \$ \_\_\_\_\_ per:  Hour  Bi-Week  Annual  Week  Month  Other Job Title & Description: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Wages/Salary: \$ \_\_\_\_\_ per:  Hour  Bi-Week  Annual  Week  Month  Other Job Title & Description: \_\_\_\_\_

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### Other Income or Assistance

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Do you receive? Social Security: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_ Other: \_\_\_\_\_

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### Legal and Criminal History

*Please circle YES or NO to each question, explain all YES answers in space provided.*

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Have you ever been evicted? YES/NO \_\_\_\_\_

Do you have any Judgements against you? YES/NO \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? YES/NO \_\_\_\_\_

Have you ever filed for bankruptcy? YES/NO \_\_\_\_\_

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If an additional person is to be listed on the lease, please have him or her fill out this page in its entirety.

## APPLICATION FOR RENTAL

### Secondary Applicant

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Current Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ License State: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Rental History

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Rent: \$ \_\_\_\_\_ Years at Address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Previous Rent: \$ \_\_\_\_\_ Years at Address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Employment History

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Wages/Salary: \$ \_\_\_\_\_ per:  Hour  Bi-Week  Annual  Week  Month  Other Job Title & Description: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Wages/Salary: \$ \_\_\_\_\_ per:  Hour  Bi-Week  Annual  Week  Month  Other Job Title & Description: \_\_\_\_\_

### Other Income or Assistance

Do you receive? Social Security: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_ Other: \_\_\_\_\_  
 Security: \$ \_\_\_\_\_  Support: \$ \_\_\_\_\_  Disability: \$ \_\_\_\_\_  Stamps: \$ \_\_\_\_\_  Amount: \$ \_\_\_\_\_

### Legal and Criminal History

Please circle YES or NO to each question, explain all YES answers in space provided.

Have you ever been evicted? YES/NO \_\_\_\_\_  
Do you have any Judgements against you? YES/NO \_\_\_\_\_  
Have you ever been convicted of a misdemeanor or felony? YES/NO \_\_\_\_\_  
Have you ever filed for bankruptcy? YES/NO \_\_\_\_\_

**Please provide additional information as it applies to all occupants/the household.**

Do you have any pets?  YES  NO

*If yes, please provide a description of each animal below.*

Pet 1:  DOG  CAT  \_\_\_\_\_

Pet 2:  DOG  CAT  \_\_\_\_\_

Pet 3:  DOG  CAT  \_\_\_\_\_

*Please provide the full name and birthdate of any additional occupants that will be living in the household.*

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

*Emergency Contacts*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*Please provide the following information on your vehicle(s).*

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my lease.

I hereby authorize verification of above information and a credit check and/or criminal history, sex offender and all other checks that may be deemed necessary to process my application. Signature's tenant selection policy obliges us to verify certain information about all members of families applying for admission. To comply with this requirement, we ask your cooperation on supplying information on the tenant history of the family listed below. This information will be used only in determining whether the family can be accepted for admission.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Primary Applicant Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\_\_\_\_\_  
Secondary Applicant Signature

\_\_\_\_\_  
Secondary Applicant Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed