

UNITY PROPERTY MANAGEMENT

1217 N. West Street
Jackson, Mississippi 39202
(601) 969-1895 ▪ (601) 969-5300 fax

Date _____

General Information

Applicant's Name _____ Social Security # _____

Address _____
Street Apt. City State Zip

Daytime Phone # _____ Cellular Phone# _____

Address _____ Phone # _____

Marital Status (check one) Single _____ Married _____ Separated _____ Divorced _____

Reason for wanting to leave? _____

Co-Applicant's Name _____ Social Security # _____

Address _____
Street Apt. City State Zip

Daytime Phone # _____ Cellular Phone # _____

Bedroom size requested: 1 Bedroom _____ 2 Bedrooms _____ 3 Bedrooms _____

Type Dwelling: House _____ Apartment _____

If a house or an apartment is not available at this time would you like to be placed on our waiting list?

Yes _____ No _____

Income Information

1. Employment wages or salaries? (include overtime, tips, bonuses, commissions and payments received in cash). All income must be verifiable.

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

2. Self-employment? (include overtime, tips, bonuses, commissions and payments received in cash).

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

5. Public Assistance (TANF or Food Stamps).

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Child support or Alimony?

<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Social Security, SSI, Veteran's benefits, or Pensions.

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Asset Information

Checking or savings account?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Additional Information

1. Will you or your household be receiving Section 8 rental assistance at time of move-in? _____yes _____no

Name of Agency: _____ Contact Person: _____

2. Have you or any household member ever been convicted of drug use or manufacture, or any other felony?

If yes, explain: _____

3. Have you or your household member ever been evicted from any housing?

If yes, explain: _____

Household Information

List all household members that are applying to live in this unit with you.

Name	Relationship to Head of Household	Male/Female	Social Security #	Birthdates

Do you expect any additions to the household within the next 12 months? _____yes _____no

Name and relationship: _____

Explanation: _____

Reference Information

Current Landlord: Name _____
Address _____

Home Phone _____ Business Phone _____

Previous Address: Prior Landlord Name _____
Address _____
Home Phone _____ Business Phone _____
How long did you reside in housing? _____
Reason for leaving _____

Three References

Only one reference can be a family member. The other two has to be non-family members.

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate#	State Issued	Make/Model/Year
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name _____
Address _____
Phone _____ Relationship _____ Years Known _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for housing. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and requirements.

It is understood that this application is not a rental agreement/lease and that applicant has no rights to a property until a written Rental Agreement/Lease is duly executed after the approval of this application.

A non refundable **\$15.00** fee to process this application is to be given by applicant when this application is turned in for processing. Money orders or cashiers check required.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

For Office Use Only

Date of Interview _____	Desired Apt/House _____	Desired Move-in
Date _____		