

<b>MARK I</b>	<b>2501 W 7<sup>th</sup> Street</b>	<b>Hattiesburg, MS 39401</b>	<b>601-544-3173(o) 601-544-3176(fax)</b>
<b>MARK II</b>	<b>2304 W 7<sup>th</sup> Street</b>	<b>Hattiesburg, MS 39401</b>	<b>601-544-5005(o) 601-544-5006(fax)</b>
<b>MARK III</b>	<b>114 S 24<sup>th</sup> Avenue</b>	<b>Hattiesburg, MS 39401</b>	<b>601-544-5005(o) 601-544-5006(fax)</b>
<b>MARK IV</b>	<b>200 Blue Gable Road</b>	<b>Hattiesburg, MS 39401</b>	<b>601-261-3951(o) 601-268-0902(fax)</b>
<b>MARK V</b>	<b>201 Blue Gable Road</b>	<b>Hattiesburg, MS 39401</b>	<b>601-261-3951(o) 601-268-0902(fax)</b>
<b>MARK VI</b>	<b>4124 W 4<sup>th</sup> Street</b>	<b>Hattiesburg, MS 39401</b>	<b>601-261-9122(o) 601-261-9133(fax)</b>

**MARK APARTMENTS LEASING CRITERIA**

1. Must have two (2) or more established accounts with the Credit Bureau with history of six (6) months or more.
2. Have no excessive delinquent account(s) (medical/student loan debt excepted)
3. No bankruptcy filed within the past two (2) years.
4. No Co-Signer allowed.
5. Verifiable income must equal at least three (3) times plus/minus \$250.00 the monthly rent of the applicable unit.
6. Verifiable past rental history.
7. Verification of employment (copy of most recent payroll stub).
8. Copy of Applicant's valid Drivers' License.
9. Payment of non-refundable \$25.00 application fee due in full prior to processing of this application.
10. A Security Deposit of \_\_\_\_\_ is due in full prior to processing of this application. The Security Deposit is refundable if Applicant has not qualified for the Mark Apartments Leasing Criteria.

I, \_\_\_\_\_ the Applicant on this application, have read the Leasing Criteria for the Mark Apartments and understand in full the Leasing Criteria.

Last Name	First	Middle	Suffix
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SS Number	DOB	Phone Number
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Address	City	State	Zip Code
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Former Address	City	State	Zip Code
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Employer	Occupation	City/State
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Supervisor	Phone Number	How Long Employed
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Spouse/Roommate

DOB

Employer

Occupation

City/State

Supervisor

Phone Number

How Long Employed

Bank \_\_\_\_\_ City/State \_\_\_\_\_

Have you ever rented? \_\_\_\_\_

Name of Place

Address

When rented?

Name of Landlord

Phone Number

Have you ever broken a lease? \_\_\_\_\_ If Yes, Why? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If Yes, Why? \_\_\_\_\_

Have you ever applied at any Mark Apartments complex before? \_\_\_\_\_ Which complex? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever lived at any Mark Apartments complex before? \_\_\_\_\_ Which complex? \_\_\_\_\_ When? \_\_\_\_\_

Why are you relocating? \_\_\_\_\_

Move in date \_\_\_\_\_ Apartment size \_\_\_\_\_ bedrooms

List name(s), DOB, relationship and vehicles of ALL occupants that will be living in the apartment:

Name

DOB

Relationship

Vehicle Year

Model

Type

License Plate #

Name

DOB

Relationship

Vehicle Year

Model

Type

License Plate #

Name	DOB	Relationship
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Vehicle Year	Model	Type	License Plate #
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In case of emergency, please notify:

Name	Address
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Phone Number	Relationship
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**AUTHORIZATION TO RELEASE INFORMATION TO THE MARK APARTMENTS**

TO: \_\_\_\_\_

By my signature below, the undersigned applicant has and hereby does authorize the Mark Apartments to seek and obtain the following information:

Current and previous employment (including income, dates, etc.)

Current and previous residences (including lease payments, payment records, dates, etc.)

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Information given by: \_\_\_\_\_

Date \_\_\_\_\_

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Applicant represents that all of the above is true and correct and does hereby authorize verification of above information. Applicant acknowledges that false information herein may constitute grounds for rejection, termination of occupancy, forfeiture of any deposit and may constitute criminal defense under the laws of this State. Applicant understands that Management reserves the right to approve or decline this application based on the Leasing Criteria within seven (7) days from the date of receipt of the completed application and any required fees/deposits. Refundable deposits will be returned if Applicant cannot be placed in this property within 30 days of the Move In Date. However, acceptance and reservation of an apartment by Applicant followed by Applicant's decision to decline the apartment constitutes a forfeit of any and all deposits.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**To be completed by a Manager:**

Manager's Approval \_\_\_\_\_

Date \_\_\_\_\_

Application Fee - \$ \_\_\_\_\_ Ck # \_\_\_\_\_

Date \_\_\_\_\_

Deposit Fee - \$ \_\_\_\_\_ Ck # \_\_\_\_\_

Date \_\_\_\_\_

Credit Approved \_\_\_\_\_