

Massey Property Management, Inc.

1601 West Jackson Ave, Oxford, MS 38655 662-234-0311 Fax: 662-234-2191

APPLICATION FOR RENTAL

APPLICATIONS WILL NOT BE CONSIDERED UNLESS COMPLETELY FILLED IN

Name: _____ SS# _____ Date of Birth: _____

Home Address: _____

Cell Phone: _____ Email: _____

Vehicle Type: _____ Color: _____ State: _____

Parents Names: _____ / _____

Telephone Number: _____ / _____

Alternate Number: _____ / _____

Your Current Employment: _____

How Long: _____ Monthly Salary: _____ Phone: _____

If Student Circle: Freshman Sophomore Junior Senior Graduate Law

Any Pets: _____ If So Type or Breed: _____

Last 2 Places You Have Rented: (1) Name of complex or landlord: _____

Landlord's Phone # _____ Dates Rented: _____

YOUR apartment or house number: _____

(2) Name of complex or landlord: _____

Landlord's Phone # _____ Dates Rented: _____

YOUR apartment or house number: _____

The undersigned hereby consents to the confirmation by Massey Property Management, Inc. of the information contained herein and authorizes Massey Property Management, Inc. to contact the undersigned's bank and references listed herein.

If You Are a Student, Your Parents Will Be Required to Co-Sign Your Lease.

Signed: _____

Move In Date Needed: _____

Date: _____

Rental Preference (1st) _____

(2nd) _____

Your Roommates: _____

Items You Will Need To Sign Lease: (1) Full Deposit (2) Drivers License (3) Parents CoSigner Form