https://exchange.flahertycollins.com/public/Marketing/Property%20Logos%20-%20A%20through%20B-1021729203.EML/Bowmanor%20Logo.emf/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/Bowmanor%20Logo.emf?attach=1

250 Cypress Lane

Greenville, MS 38701

662-332-3436 Office

[bowmanorapts@gmail.com](mailto:Bowmanor@flahertycollins.com)

[www.bowmanorapartments.com](http://www.bowmanorapartments.com)

Please complete each page of the application and sign each page that requires an applicant signature. **Simply read, sign and date the last four pages only please.** All other pages fill in completely. Also provide copies of the following documents so that the application may be processed in a timely manner**.**

**\*\*\*\*\*Application must be fill out COMPLETELY & ALL documents must be presented before an application can be considered complete. If not, this will delay the application process. \*\*\*\*\***

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

**1. $30 Application Fee/ per Adult Household Member 18 yrs of age or older (Check or Money Order)**

**2. State Issued Identification (all household members 18 yrs of age or older)**

**3. Social Security Cards for ALL household members**

**4. Proof of Income – last 3 check stubs (ex. Payroll check stubs, Award Letter for Social Security or SSI, Child Support Benefits, TANF, etc.)**

**5. Employment Verification & Residency Verification Forms To be Completed & Submitted by Apartment Managers Only. Signatures Only Please!!!**

**6. A holding fee is required to hold an apartment for you, which will be transferred to your security deposit upon move in. It is non-refundable if you change your mind. \_\_\_\_\_\_\_\_\_\_\_\_ (initials)**

**Management**

**RENTAL/LEASE APPLICATION**

**Bowmanor Apartments**

**250 Cypress Lane**

**Greenville, MS 38701**

**Phone #: (662) 332-3436**

**APPLICANT INFORMATION:**

Name: Marital Status: Single Married Divorced

(First) (Middle) (Last)

Date of Birth: Age: Social Security No.: Driver’s License No.: Sate:

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** (please list all persons who under the age of 18 who will permanently occupy, or occupy for a lengthy period of time, the leased premises – include spouse, children, family members and/or roommates):

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:**

What type of vehicles do you own?

Year: Make: Model: Plate #:

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

Year: Make: Model: Plate #:

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

**MISCELLANEOUS QUESTIONS:**

**Do you own or have constant access to a working vacuum cleaner? \_\_\_\_\_\_\_\_\_\_\_**

What is the name of your nearest relative? Relationship:

Relative’s Address: Their Phone #: ( )

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

Have you ever been evicted from an 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?

How did you hear about Bowmanor?

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

Were you referred by a current Bowmanor Resident? Yes No If Yes, Who and what unit?

**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 a Financial Freedom Holdings, LLC managed community. Each Resident living in our apartment homes must qualify on his/he own ability.

Currently, the rents by bedroom size are as follows: **(Please select one)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select Apartment Size | Apartment Size | Square Feet | Deposit | Current Rent | No. of Occupants  Min/Max | Minimum Monthly  Allowable Income |
|  | 1 Bedroom/  1bath | **673** | **$395** | **$565** | **2** |  |
|  | 1Bedroom/  1.5 Bath | **805** | **$395** | **$575** | **2** |  |
|  | 2 Bedroom/  1 Bath | **864** | **$395** | **$615** | **4** |  |
|  | 2 Bedroom/  1.5 Bath Townhouse | **939** | **$395** | **$650** | **4** |  |
|  | 2 Bedroom/  2 Bath | **1016** | **$395** | **$675** | **4** |  |
|  | 3 Bedroom/  2.5 Bath | **1139** | **$500** | **$750** | **6** |  |

**Applications for residency are accepted Monday through Friday, from 9:00 a.m. to 5:00 p.m.** 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 the following criteria:

I. Credit Criteria

Applicant must pass credit criteria as outlined below. We will weigh the amount of satisfactory credit versus unsatisfactory credit.

A. **Unacceptable Credit**

1. Accounts must be free of any unpaid judgement and/or liens;

2. No more than five (5) collection items. Student loans or medical will not be considered;

3. Outstanding debt to a Landlord;

4. Proof that utilities can be established in own name will be required if an outstanding debt to Gas and Electric Co. appears on your credit report;

B. **Acceptable Credit**

1. We require a minimum of one (1) year of established credit following a bankruptcy;

2. Poor credit rating, which is a result of a divorce in which the spouse is responsible for the debt(s). Applicant must present proof of his/her spouse's/ex-spouse's responsibility. Example of such proof would include divorce decree or court order.

3. Bad debts or slow pay accounts that have been satisfied will not be considered satisfactory or unsatisfactory.

Applicant(s) Initial \_\_\_\_\_\_\_\_\_\_\_

C. If application has been rejected due to credit; applicant has the right to obtain a free disclosure of their file from the credit- reporting agency within sixty (60) days. Applicant also has the right to dispute directly with the reporting agency the accuracy or completeness of any information provided by the credit-reporting agency.

D. We do not reject based on no credit history, as opposed to poor credit history.

II. Rental History

A. We verify your present and past residences for the past two (3) years.

B. Unsatisfactory landlord reference includes, but is not limited to the following:

1. Record of disturbances;

2. Destruction of property;

3. Disruptive behavior;

4. Conduct which adversely affects the safety or welfare of others;

5. History of constant late payment of rent, or other obligation due under the lease;

6. Unsanitary or hazardous housekeeping;

7. Non-compliance with the terms of the lease agreement.

C. No one with an eviction (past and present,) even if paid in full, will be accepted.

D. Applicants with no landlord history may be required to pay an additional deposit.

III. Employment/Income

We verify all sources of income. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, stocks, bonds, CD's and social security. A complete definition of income is posted in the rental office for inspection. This qualification and certification process must be completed annually.

IV. Bank Reference

We verify the existence of bank accounts, the standing of the account, the average balance for the past six (6) months, annual interest, and the name(s) appearing on the account(s.)

V. Criminal Check

Felony convictions, misdemeanors or any criminal activity, that includes crimes of violence to persons and property, criminal trespassing, or a record of other criminal activity which could adversely affect the health, safety and/or welfare of the other residents, including crimes of theft, including sexual crimes, including fraud, or crimes including drugs/alcohol.

VI. **Each member of the household over the age of 18 MUST fill out an application.** **There is a $30 NON-REFUNDABLE Application Fee for every member of the household over the age of 18. The security deposit is $395. Paid utilities include water, sewage and trash removal. All residents are responsible for their own electric, telephone, and cable bill (Satellite Dish’s are NOT allowed). Waterbeds are NOT allowed.**

VIII. Applicants denied may not reapply for six (6) months.

A fee of $30 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 security deposit must be paid and they are nonrefundable. Only if Bowmanor Apartments decides at any point, prior to move in, against renting to you, we will refund your deposit. 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 Prices listed above are with a Twelve (12) month lease. Month to month rates are an additional $25 a month available after twelve (12) month lease. (\_\_\_\_\_\_\_\_\_\_\_) initials.

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

By signing this application, I give Bowmanor 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

**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 **Bowmanor Apartments** 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

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

**REQUEST FOR RESIDENCY VERIFICATION**

BOWMANOR APARTMENTS

250 Cypress Lane

Greenville, MS 38701

Phone: (662) 332-3436 Fax: (662) 332-0272

To: Via: Date:

Request Submitted by: Title:

The person named below has submitted an application/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: 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:**

Bowmanor Apartments

250 Cypress Lane, Greenville, MS 38701

Phone #: (662) 332-3436 email:bowmanorapts@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