The Cotton District
Dan Camp Family Real Estate, LLC
104 ½ Maxwell Street
Starkville, Ms 39759
Phone# 662-323-5132
Fax # 662-323-1619

APPLICATION FOR APARTMENT RENTAL

Name of Applicant _____

Social Security Number _____

Date of Birth _____

E-mail Address _____

Phone Number ( ) _____

Parent/Guardian _____

Address_____City_____State_____

Zip Code _____ Phone ( ) _____

Bank Reference _____

Previous Residence _____ Phone # _____

__Efficiency __One Bedroom __Two Bedroom __Three Bedroom

If you will be parking a car on the premises, Please provide the following information.

Make of Car _____ License Number _____

In case of emergency, notify _____
Name Relationship Phone #

Applicant has deposited herewith the sum of _____, the receipt of which is hereby acknowledged. The applicant agrees that in the event of fore mentioned deposit is accepted and the applicant fails or refuses to enter into the contemplated lease within twenty-four hours, the lessor shall retain said deposit as liquidated damages covering the cost of taking processing this application. The applicant agrees to wave all rights for a background check, which may include eviction screening, criminal screening, credit checks and/ or any other screenings deemed necessary.

Signature of applicant_____ Date _____