Osceola Property Management, LLC 732 Highway 90 Bay Saint Louis, MS 39520 Office: 228-467-4171 Fax: 228-467-5876

	Date:	
are held only after comple checks, cashier's checks or NO PERSONAL CHECK Applications can take up	tion of this form and payment money orders will only be ac S WILL BE ACCEPTED F to 3 to 4 business days to pr of your application. A copy of	each applicant over the age of 18. Properties of application fee and holding fee. Certified cepted for the application and holding fee OR APPLICATION OR HOLDING FEE ocess. You will be notified by phone and/or your driver's license, social security card and
	O.C. T.	
Application Foot	Office Use:	Sont Paalagrounds
Application Fee:1st Month's Rent:	Holding Fee: Pet Fee:	Sent Background:Balance of Sec Deposit:
1 Wonth's Kent.	retree.	Datance of Sec Deposit.
Owner:	Rental Amount:	Owner notified:
Approved: Yes No	Tenant notified:	Agent:
	Move in date:	
ALL APPLICANTS	OVER 18 YRS OF AGE MUST	PROVIDE INFORMATION
1st Applicant:	3 rd Applica	ant:
SS#:	SS#:	
Birth date:	Birth date:	
Day Phone #:	Day Phone	#:
2 nd Applicant:SS#:	SS#:	int:
Birth date:	Birth date:	
Day Phone #:	Day Phone	#:
Occupants and relationship (

CURRENT ADDRESS

If you lease, your landlord will be notified. Please provide accurate information. If you are living with relatives, provide the last residence where you signed a lease.

Current address:		
Do you own it?: Yes	No If no, do you rent it?: Yes	No Rental Amount:
Owner or Agent:		
Phone #:	Fax #: Date of	occupancy.
Reason for leaving:		occupancy.
		N .
Former address (if less the	han 2 years):	
2 nd Applicant's address i	han 2 years):if different from above:	
	1 st APPLICANT EMPLOYMEN	Γ INFORMATION
	Your employer will be notified an	d income verified.
0		
Current Employer:	C:+-/S+	
Address:	City/State:	
Priorie #:	Fax #:	
Occupation:	City/State: Fax #: Date employed:	Income per month:
	cos man one year).	
Address:	City/Stata	
Address:	ess than one year): City/State:	
Occupation:	Date employed: 2 nd APPLICANT EMPLOYMEN	Income per month: I INFORMATION
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CURRENT VEHICLES

Applicant's drivers license	#:		State:	
Co-applicant's drivers licer	-applicant's drivers license #: State:			
dditional applicant's drivers license #:			State:	
Vehicle's make/model:		Year:	State:	
Vehicle's make/model:		Year:	State:	
Additional vehicles/boats/n	notorcycles:			
			(46)	
		¥		
m 1	HAVE YOU EVER:	aliantian baing	laniad	
rais	e information is subject to this ap	opineation being t	iemeu.	
Filed for Bankruptcy: Been convicted of a felony	Yes No If yes, has it been di	ischarged:Y	esNo	
	eason why:			
Been evicted from tenancy				
If yes, please explain the re	eason why:			
Will Ciller on intentionally r	efused to pay rent when due:	Ves No		
If was please explain the re	eason why:			
II yes, picase explain the it	cuson why.			
	PETS			
NON-REFUNDABLE Pe	et Fee is \$250 and \$50 for each ad	ditional pet. Lin	nit 2 pets per househo	
NON-REFUNDABLE Per Subject to approval. ***	PETS et Fee is \$250 and \$50 for each ad Dangerous breeds not accepted***	ditional pet. Lim	nit 2 pets per househo	
Subject to approval. ***	t Fee is \$250 and \$50 for each ad Dangerous breeds not accepted***			
Subject to approval. ***	et Fee is \$250 and \$50 for each ad			
Do you have a pet(s):	Provided the state of the state	pe and weight: _		
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Do you have a pet(s):	Provided the state of the state	pe and weight:Ph		
Do you have a pet(s):N	Et Fee is \$250 and \$50 for each add Dangerous breeds not accepted *** YesNo If yes, how many, ty No Name of Veterinarian: IN CASE OF EMERGEN	pe and weight:Ph	one #:	
Do you have a pet(s):N	Et Fee is \$250 and \$50 for each add Dangerous breeds not accepted *** YesNo If yes, how many, ty No Name of Veterinarian: IN CASE OF EMERGEN	pe and weight:Ph	one #:	
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Do you have a pet(s): Licensed:YesN Name: Personal Reference: (List Name: Phone #: Please give us any additio	Provided See 18 Section 250 and Section 18 Section 250 and Sec	Phone is a known them:	one #:	

All fees subject to change without notice.