

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

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. No bankruptcy filed within the past two (2) years.
3. No Co-Signer allowed.
4. Verifiable income must be at least three (3) times the monthly rent.
5. Verifiable past rental history.
6. Verification of employment (copy of most recent payroll stub).
7. Copy of Applicant's Drivers' License.
8. Payment of non-refundable \$25.00 application fee due in full prior to processing of this application.
9. 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	SS Number	DOB
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Employer	Occupation	City/State
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Supervisor	Phone Number	How Long Employed
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Bank _____ City/State _____

MARK APARTMENTS LEASE APPLICATION (Page 2)

Have you ever rented? _____

Name of Place	Address	When rented?
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Name of Landlord	Phone Number
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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 Lease term 1 year / 6 months

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

Name	DOB	Relationship
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Vehicle Year	Model	Type	License Plate #
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Name	DOB	Relationship
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Vehicle Year	Model	Type	License Plate #
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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 _____

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 _____

Manager's Approval _____

Date _____

Application Fee - \$ _____ Ck # _____

Date _____

Deposit Fee - \$ _____ Ck # _____

Date _____

Credit Approved _____