

ADDRESS OF PROPERTY

MERCANTILE PROPERTIES

513 NORTH ST. NACOGDOCHES, TX. 75961 (936) 569-6281 FAX (936)560-3030

Every occupant over the age of 18 must fill out separate application Please fill out completely and sign where indicated

DESIRED MOVE IN DATE						RENT / SECURITY DEPOSIT \$				
PERSONAL INFORMATION										
FIRST NAME		MIDDLE	LAST NAME				S.S. #			
DATE OF BIRTH		MARITAL STATUS SINGLE MARRIED			DRIVERS LICENSE #					
HOME PHONE		CELL PHONE EMAIL								
PRESENT HOME ADDRESS										
MOVE IN DATE MOVE O	DATE MOVE OUT DATE LANDLORD					PHONE				
REASON FOR LEAVING					RENT AMOUNT					
IS YOUR RENT CURRENT?		DEPOSIT RETURNED?								
PREVIOUS ADDRESS										
MOVE IN DATE MOVE O	UT DATE	LANDLORD				PHONE				
REASON FOR LEAVING	·					RENT AM	OUNT			
IS YOUR RENT CURRENT?		DEPOSIT RETURNED?								
PROPOSED OCCUPANTS										
NAME		RELATIONSHIP				OCCUPATION		AGE		
NAME		RELATIONSHIP				OCCUPATION		AGE		
NAME		RELATIONSHIP				OCCUPATION		AGE		
NAME		RELATIONSHIP			OCCUPATION		AGE			
PROPOSED PETS										
NAME	BREED			INDOOR / OUTDOOR					AGE	
NAME	BREED			INDOOR / OUTDOOR				AGE		

pplicant's signature					 Date					
here is a \$25.00	0 non-refunda	ble application fe	e.							
ase must be si	gned within th		e of approv	val in o	der to hold	I the proper		property is held for		
					: approved	application	and fu	ıll deposit paid. The		
		HORIZED TO RELEADPY OF THIS FORM			N ABOUT T	HE UNDERS	IGNED	UPON PRESENTATIO		
		ry to investigate ap ord reserves the rig	•					complete to the best of epresented.		
		•	•		•	•		redit bureaus, and any		
Any credit probler	ms / slow pay?									
Have you ever bee felony?	en convicted of a	Have you ever broken a	lave you ever broken a lease?		Is any occupant a convicted sex offender?			Does any occupant smoke?		
Have you ever bee	ve you ever been sued for bills? Ha		Have you ever been evicted?		Has a prior landlord ever taken you to court?			Is applicant/ spouse currently in the military?		
APPLICANT QUEST				T						
NAME	NAME		RELATIONSHIP			ADDRESS	ADDRESS			
NAME	CONTACT	RELATIONSHIP		PHONE		ADDRESS				
FMEDCENCY	CONTACT									
INCOME - MONTH	ILY	ADDRESS					START DATE			
PREVIOUS EMPLO		OCCUPATION		SUPERVISOR			PHONE			
INCOME - MONTHLY		ADDRESS						START DATE		
CURRENT EMPLOYER		OCCUPATION	SUPERVISOR			PHONE				
EMPLOVMEN	T INFORMATIO	∩N								
				WODEL		COLOR		140#		
YEAR	MAKE		MODEL	MODEL		COLOR		TAG #		
			_				-			
YEAR	DRMATION MAKE		MODEL		COLO	DR .		TAG #		