

1010 Monroe St.
Grenada, MS 38901

Phone: (662) 226-7612
Fax: (662) 226-8822
Email: riverhills@bbmgtgroup.com



Riverhills Apartments complies with all Fair Housing laws and does not discriminate on the basis of race, religion, sex, handicap, familial status or national origin.

Please Print Using Black or Blue Ink

Applicant's Name	Application Date	Social Security #	Driver's License # & State Issued
Birth Date (MM-DD-YY) - -	Home Phone ()	Cell Phone ()	Email Address

Residence History

Current Address	Apt #	City	State	Zip
Name of Apartment Complex (if applicable)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Rent Amount	Move In Date	Move Out Date
Present Landlord / Mortgage Company / Apartment Community	Present Landlord Phone # (Include Area Code) ()			

Employment History

Applicant Present Employer	Phone ()	Supervisor		
Address (Include City, St, Zip)	Position	Monthly Income	Hire Date	End Date
Applicant Previous Employer	Phone ()	Supervisor		
Address (Include City, St, Zip)	Position	Monthly Income	Hire Date	End Date
Additional Income Amount of \$ _____ per _____ Source _____				

Personal Data

Have you or your spouse ever: Been Evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Broken a rental agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a drug related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or your spouse a Registered Sex Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what state?
Will you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Kind, Weight, Breed and Age	

List all other occupants who will not sign lease (minor children, etc.)		
Name	Age	Relationship
Name	Age	Relationship

List all vehicles to be parked on the premises by applicant, spouse, or children. (cars, trucks, recreational vehicles, motorcycles, boats, etc.)			
Type of Vehicle	Year	License	State

How did you hear of this Apartment Community?	Why are you moving?
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The undersigned applicants(s) represent that all the above statements are true and complete and hereby authorize verification of such information. Applicant(s) authorize Riverhills Apartments to obtain a credit report and criminal background check, and to verify all information listed above. [I understand my application is non-refundable.](#)

Signature of Applicant _____ Date _____



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Rental Verification

Dear Sir or Madam:

You have been given as a rental reference by the person below, and in order to order to rent to him/her, we must verify the information. This information is time sensitive, so please return ASAP. Our fax number is (662) 226-8822. Thank you for your cooperation.

Sincerely,

Rosemary Hyde, Manager

Applicant – please only fill out information in this box. (Note – only fill this form out if you have been on a lease within previous 12 months)

I authorize you to give the requested information to Riverhills Apartments

Tenant Name: _____ **Signature:** _____

Current Apartment Complex (if applicable): _____

Current Rental Unit (or address if renting house): _____

(below for current property manager use only)

Monthly Rental Amount: _____ Move In Date: _____

Is payment up to date? _____ Amount Outstanding: _____

Payment Record: Excellent _____ Fair _____ Poor _____

How many times has tenant been late? _____

Did you ever place notice to take to court? _____

Did the tenant give proper notice to vacate? _____

Would you rent to this tenant again? _____

Person Completing Reference: _____ Title: _____