



The Elite Concepts @ the Valley

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APPLICATION

Note: A Security Deposit of the first month's rent is required to reserve your apartment. A Security Deposit of the first month's rent plus the first month's rent is required for move in.

(Please check one) ☐ MVSU Faculty ☐ MVSU Staff ☐ General Public

Applicant Name _____ Telephone (____) _____

Current Address _____ Mobile (____) _____

City _____ State _____ Zip _____

SSN _____ - _____ - _____ DOB _____

Driver's License# _____ State _____ Gender _____

How long at current address: _____ Rent _____ Mortgage _____ Other _____

If other, explain: _____

Landlord or Mortgage Co. _____ Telephone (____) _____

Previous address if less than two years: _____

Are there any special medical needs or conditions? _____ Yes _____ No

(Please check one) ☐ MVSU Faculty ☐ MVSU Staff ☐ General Public

Co-Applicant Name _____ Telephone (____) _____

Current Address _____ Mobile (____) _____

City _____ State _____ Zip _____

SSN _____ - _____ - _____ DOB _____

Driver's License# _____ State _____ Sex _____

How long at current address: _____ Rent _____ Mortgage _____ Other _____

If other, explain: _____

Landlord or Mortgage Co. _____ Telephone (____) _____

Previous address if less than two years: _____

Are there any special medical needs or conditions? _____ Yes _____ No

UNIT TYPE

☐ One Bedroom/One Bath ☐ Two Bedroom/One Bath ☐ Two Bedroom/Two Baths

☐ Three Bedroom/Two Baths ☐ Three Bedrooms/Three Baths

CHOOSE ☐ Furnished Apartment ☐ Unfurnished Apartment

Check Off Desired Furniture

Couch	Cocktail Table	End Table	2 Bar Stools	Chest of Drawers Per Bedroom	Mattress/Bed Frame Per Bedroom

LIST ALL FAMILY MEMBERS THAT WILL RESIDE IN APARTMENT

NAME	RELATIONSHIP	BIRTH DATE	GENDER

APPLICANT EMPLOYMENT INFORMATION

Employer_____ Position _____

Start Date _____ Phone (____) _____ Monthly Salary_____

Supervisor _____ Phone (____) _____

OTHER SOURCES OF MONTHLY INCOME

PERSON RECEIVING INCOME	RELATIONSHIP	AMOUNT	COMPANY OR AGENCY

CO-APPLICANT EMPLOYMENT INFORMATION

Employer_____ Position _____

Start Date _____ Phone (____) _____ Monthly Salary_____

Supervisor _____ Phone (____) _____

OTHER SOURCES OF MONTHLY INCOME

PERSON RECEIVING INCOME	RELATIONSHIP	AMOUNT	COMPANY OR AGENCY

VEHICLE INFORMATION (Additional Fees May Be Required)**(Anyone wishing to park a vehicle at the property must complete this section)**

Make_____ Model_____ Year_____

Make_____ Model_____ Year_____

Note: By signing this application, you are stating, all of the information in this application is true, and you are giving us permission to run a background check.

Applicant Signature _____ DATE _____

Co-Applicant Signature _____ DATE _____

(For Office Use Only)

Approvals:

Elite Concepts Management _____
Signature Date

☐ **Approved** ☐ **Rejected**

Delta Force Management _____
Signature Date

☐ **Approved** ☐ **Rejected**