



A limited liability company

P.O. BOX 1251 CONWAY, AR 72033

OFFICE: 697-7233

CELL:514-5819

FAX: 327-5154

**Application for Rental:**

1. Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_
  
2. Present Home Address: \_\_\_\_\_  
How long: \_\_\_\_\_ Home phone number: \_\_\_\_\_  
Present landlord: \_\_\_\_\_ Phone: \_\_\_\_\_
  
3. Previous home address: \_\_\_\_\_ How long: \_\_\_\_\_  
Previous landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Monthly Rent amount: \_\_\_\_\_
  
4. Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_
  
5. Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_
  
6. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Kind of work: \_\_\_\_\_ How long with current employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Monthly Income: \_\_\_\_\_

7. Spouses maiden name: \_\_\_\_\_ How long with current employer: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Drivers License number \_\_\_\_\_

8. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Kind of Work: \_\_\_\_\_ How long with current employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Monthly Income: \_\_\_\_\_

9. List name, age, relationship of all persons to be occupying the premises (including children, relatives, and other co-residents).

a. Name: \_\_\_\_\_ Age: \_\_\_ Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_ Age: \_\_\_ Relationship: \_\_\_\_\_

c. Name: \_\_\_\_\_ Age: \_\_\_ Relationship: \_\_\_\_\_

d. Name: \_\_\_\_\_ Age: \_\_\_ Relationship: \_\_\_\_\_

10. List all vehicles to be parked on the premises including cars, trucks, motorcycles, trailers, boats:

a. Type vehicle: \_\_\_\_\_ Year \_\_\_\_\_ Make: \_\_\_\_\_ Lic. No: \_\_\_\_\_

b. Type vehicle: \_\_\_\_\_ Year \_\_\_\_\_ Make: \_\_\_\_\_ Lic. No: \_\_\_\_\_

c. Type vehicle: \_\_\_\_\_ Year \_\_\_\_\_ Make: \_\_\_\_\_ Lic.No: \_\_\_\_\_

11. Pets might be allowed based on owner's discretion and the payment of a \$1000.00 pet deposit.

Approval must be obtained prior to signing rental agreement.

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

12. Name of your bank: \_\_\_\_\_ City: \_\_\_\_\_

13. Why are you leaving your present residence? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Have you or any co-resident ever been evicted? \_\_\_\_\_ Have you or any co-resident ever broken a rental agreement or lease contract? \_\_\_\_\_ If yes, who and why? \_\_\_\_\_

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15. Have you or any co-resident ever been sued for nonpayment of rent or damages to rental Property? \_\_\_\_\_ If yes, who when and what was the result? \_\_\_\_\_

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16. Have you or any co-resident ever been convicted of a felony? \_\_\_\_\_

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17. Have you or any co-resident filed for bankruptcy? If so, when?

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18. How were you referred to us? \_\_\_\_\_

19. In case of emergency, who should we contact? Please include a name, address, phone number and the relationship to you: \_\_\_\_\_

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20. Character references: ( Do not include relatives or previous landlords.) (Two per adult occupant.)

a. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

b. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

c. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

d. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

e. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

f. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Agreement & Authorization Signature**

Applicant represents that all the above statements are true and complete, and hereby authorizes verification of the above information, references, and credit records. Applicant further acknowledges that false information herein may constitute a criminal offense under the laws of this state.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_