



P.O. BOX 1251 CONWAY, AR 72033

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Application for Rental:

Address/Property Applying For: _____

When would you like lease to start? _____

How did you hear about us? _____

1. Applicant's Name: _____ Age: _____
 Date of Birth: _____ Social Security #: _____
 Contact Information: Cell: (____) ____ - ____ Home: (____) ____ - ____
 Work: (____) ____ - ____ Email: _____
 Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated
 Driver's License Number: _____ State _____ Expiration Date _____

2. Bank Reference: _____ Name on Account: _____
 Account #: _____

3. Will there be a Co- Applicant(s)? Yes (____) No(____) If yes : how many? (____)

Please fill out information on the following page for each co-applicant:

Co-Applicant 1:

Name: _____ Age: _____
Date of Birth: _____ Social Security #: _____
Contact Information: Cell: (____) ____ - ____ Home: (____) ____ - ____
Work: (____) ____ - ____ Email: _____
Driver's License Number: _____ State _____ Expiration Date _____

Co Applicant 2:

Name: _____ Age: _____
Date of Birth: _____ Social Security #: _____
Contact Information: Cell: (____) ____ - ____ Home: (____) ____ - ____
Work: (____) ____ - ____ Email: _____
Driver's License Number: _____ State _____ Expiration Date _____

4. Present Address: _____

How long have you lived there ? _____ Monthly Rent/Lease Fee:\$ _____

Reason for Moving? _____

Present landlord: _____ Phone: _____

5. Previous home address: _____

How long have you lived there ? _____ Monthly Rent/Lease Fee:\$ _____

Reason for Moving? _____

Previous landlord: _____ Phone: _____

6. Employer: _____ Contact Name: _____

Address: _____ Phone # (____) ____ - ____ EXT ____

Occupation _____

How long have you been with current employer? _____

Monthly Income: \$ _____

7. Spouses Maiden Name: _____

8. Spouses/Co- Applicant Employer: _____

Contact Name: _____

Address: _____ Phone # (____) ____ - ____ EXT ____

Occupation _____

How long have you been with current employer? _____

Monthly Income: \$ _____

9. Co- Applicant Employer: _____

Contact Name: _____

Address: _____ Phone # (____) ____ - ____ EXT ____

Occupation _____

How long have you been with current employer? _____

Monthly Income: \$ _____

10. List name, age, relationship of all persons to be occupying the premises that are not listed as co-applicants (including children, relatives, and other co-residents).

a. Name: _____ Age: ____ Relationship: _____

b. Name: _____ Age: ____ Relationship: _____

c. Name: _____ Age: ____ Relationship: _____

d. Name: _____ Age: _____ Relationship _____

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

Type vehicle: _____ Year _____ Make: _____ State/Lic.No: _____

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Type vehicle: _____ Year _____ Make: _____ State/Lic.No: _____

12. Pets may be allowed based on owner's discretion. The additional pet fee is \$1,000. And is non-

refundable. Approval must be obtained prior to signing rental agreement. Will you be obtaining

approval for a pet(s)? Yes(____) No(____) # of Pet's you wish to obtain approval for: _____

Type: _____ Breed: _____ Weight: _____ Age: _____

Type: _____ Breed: _____ Weight: _____ Age: _____

13. Bank Reference: _____ Account #: _____

14. Have you or any co-applicant or person(s) listed occupying the premises you are applying for ever been evicted? _____ If Yes: Please list date, property, and reason for eviction below

Have you or any co-applicant or person(s) listed occupying the premises you are applying for ever broken a rental agreement or lease contract? _____ If Yes: Please list date, property, and reason

for the lease terms not being fulfilled _____

15. Have you or any co-applicant or person(s) listed occupying the premises ever been sued for nonpayment of rent or damages to rental Property? _____ If yes, please list property, landlord, date of damages , did you settle and pay restitution?

16. Have you or any co-applicant or person(s) listed occupying the premises ever been convicted of a felony? _____

17. Are you or any co-applicant or person(s) listed occupying the premises a registered sex-offender?

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

19. 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: _____

CORRECT INFORMATION

Applicant(s) 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. I acknowledge that I had the opportunity to review the company's rental criteria which includes reasons why my application could be denied, such as criminal and credit history, current income, and rental history. I understand that If I do not meet the companies rental selection criteria or if I fail to answer and questions and/or give false information, the company may reject my application, retain all application fee's, administration fee's and deposits as liquidated damages for its time and expense and terminate my right of occupancy.

**This is an official document of Keller Johnson Companies (Capital Investments of Conway, LLC; Calcurisk Properties, LLC; JMJ Investments, and Keller Johnson Builders, INC) and any attempt to falsify this document could result in lease termination, deposit forfeiture and/or fines. It is the residents/applicant's responsibility to request, sign and submit the correct form to*

management within the deadline for the lease. It is the residents/applicant's responsibility to request and retain a copy of this form for personal records.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Keller Johnson Companies:

Management: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED: _____ DATE: _____ BY: _____

Property Address: _____

Application Fee Processed: _____

Lease Date: _____ Terms: _____

Deposit Amount Due \$ _____ Date Due : _____