

# APPLICATION FOR RENTAL

913 W. Main Ste. D, Cabot, AR 72023 Phone 501-843-3067 Fax 501-843-3512

Phone # \_\_\_\_\_

## GENERAL INFORMATION

Applicant's Name as Stated on Drivers License	Birth Date	Driver's License # & State	Soc. Sec #	
Spouse's Name on License	Maiden Name	Birth Date	Driver's License # & State	Soc. Sec #
Expected Move-In Date	Apt. To be occupied by	Residents Names & Ages		
# Adults	# Children			
Reason for Moving	Do you have Pet(s)?	How Many? Type & Size (Requires deposit & Consent)		

## RESIDENCY HISTORY

Present Address	City	State	ZIP	Phone	Move in Date	Own/Rent
Name & Address of Present Landlord or Apt Community/Mortgage Co.				Phone	Monthly Pmt.	
Previous Residence Address	City	State	Zip	Move in/out Dates	Own/Rent	
Name & Address of Previous Landlord or Apt Community/Mortgage Co.				Phone	Reason for moving	

## EMPLOYMENT HISTORY

Applicant Employed By	Supervisor's Name			Position/Occupation	Start Date
Address	City	State	Zip	Phone	Income \$ _____ Per _____
Previous Employment	Supervisor's Name			Position/Occupation	Start & End Dates
Address	City	State	Zip	Phone	Income \$ _____ Per _____
Spouse Employed By	Supervisor's Name			Position/Occupation	Start Date
Address	City	State	Zip	Phone	Income \$ _____ Per _____
Spouse Previous Employment	Supervisor's Name			Position/Occupation	Start & End Dates
Address	City	State	Zip	Phone	Income \$ _____ Per _____

**ADDITIONAL INCOME:** Additional Income such as child support, alimony, separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder:

Source: \_\_\_\_\_ Amount of \$ \_\_\_\_\_ per \_\_\_\_\_

**CREDIT REFERENCES**

Name of Bank or Finance Company	Account No.	Address	City	State	ZIP
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

**PERSONAL REFERENCES**

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Family Physician	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____

In Case of Emergency, Call Relationship	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____

1) Automobile, Make	Year	Model	License #	2) Automobile, Make	Year	Model	License #
_____	_____	_____	_____	_____	_____	_____	_____

Have you ever been evicted from any apartment community? \_\_\_\_\_ Have you ever filed bankruptcy? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you have a waterbed? \_\_\_\_\_ Do you have renter's insurance? \_\_\_\_\_

Have you ever been arrested and/or convicted of a Class A or B misdemeanor or a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**APPLICATION FEE: Received from applicant(s), the sum of \$ \_\_\_\_\_ dollars in cash to pay for costs incurred for a complete consumer history report on applicant(s). This fee is non-refundable once the inquiry is started and is not part of any charges the rental property may charge. Results will determine qualifications.**

*I/We declare that all information given in this application is true and correct. I/ We authorize Management to verify and obtain a complete consumer history report, including, but not limited to, credit report, landlord verifications, employment verification, reference verifications and criminal background check, banks or finance companies. I/We authorize all listed references herein to release information required for the completion of this screening to Management and/or ACUTRAQ.*

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_ DATE \_\_\_\_\_