

DISCOVER

Your New Lease On Life!

APPLICATION FOR OCCUPANCY

Applicant Name: _____

Property: _____

Agent: _____

Phone: _____

Associated Management, Ltd.
a property management and marketing firm
An Equal Housing Opportunity

All AML Properties require a \$25.00 application fee for every person in the household 18 years or older. The application fee, in the form of a check or money order, must accompany your completed, signed application. If you have any questions regarding the processing of your application or the application fee please contact the apartment community office.



PROPERTY: _____

PHONE: _____

APPLICANT INFORMATION

First Name	Middle	Last Name	Date of Birth	Social Security No.	Cell Phone
					Email Address

(Head of Household)

LIST ALL OTHER OCCUPANTS

First Name	Middle	Last Name	Date of Birth	Social Security No.	Relationship to Head

RESIDENCE HISTORY (LAST 2 YEARS)

DO YOU PRESENTLY: ☐Lease an apartment ☐ Own home

REASON FOR MOVING: ☐ Location

☐ Lease home ☐ Other _____ ☐ Price ☐ Maint. ☐ Mgmt.

☐ Need an accessible unit ☐ Job Transfer ☐ Sale of Home ☐ Other

Present Address

Apt #

City

State

Zip Code

Home/Cell Number

Landlord Phone Number

Apartment Name/Landlord Name

Rent/Mtg. Amount

Move-In Date

Move-Out Date

Previous Address

Apt #

City

State

Zip Code

Landlord Phone Number

Apartment Name/Landlord Name

Rent/Mtg. Amount

Move-In Date

Move-out Date

Prior Address

Apt #

City

State

Zip Code

Landlord Phone Number

Apartment Name/Landlord Name

Rent/Mtg. Amount

Move-In Date

Move-Out Date

Are you or any member of your household subject to state lifetime sex offender registration in any state?

Are you currently under lease?

Has proper notice been given?

Is any household member a veteran?

Have any persons in your household:

Ever been asked to vacate?

Broken your rental agreement?

Ever been convicted of a felony?

___ Yes ___ No

___ Yes ___ No

___ Yes ___ No


___ Yes ___ No

___ Yes ___ No

___ Yes ___ No

___ Yes ___ No

If you answered YES to any of the questions to the left of this box, please explain:



EMPLOYMENT INFORMATION (LAST 6 MONTHS ONLY)Present Employer
(Head of Household)

Telephone

From:

To:

Street Address

City

State

Zip Code

Monthly Income

Position

Supervisor

Telephone

Previous Employer

Telephone

From:

To:

Street Address

City

State

Zip Code

Monthly Income

Position

Supervisor

Telephone

Present Employer

(Other Household Members 18yrs & older)

Telephone

From:

To:

Street Address

City

State

Zip Code

Monthly Income

Position

Supervisor

Telephone

Previous Employer

Telephone

From:

To:

Street Address

City

State

Zip Code

Monthly Income

Position

Supervisor

Telephone

OTHER INCOME

Other Income Source:

Monthly Amount:

Other Income Source:

Monthly Amount:

ADDITIONAL INFORMATION

Do you: Have a pet? ___ Yes ___ No How Many? ___

If yes, please describe: Type_____ Height_____ Weight_____ Breed_____

Type_____ Height_____ Weight_____ Breed_____

How did you hear about our apartments?_____

INSURANCE: Owner and Agent carry NO insurance on the personal property of the residents.**Statement of Disclosure**

The Arkansas Real Estate Commission requires all Real Estate Agents to make a public disclosure of who they represent in all real estate transactions, which includes the leasing of multi-family properties. Associated Management, Ltd. is an Agent of the Owner of this property, and accordingly, the company and its employees represent the Owner in all leasing and management transactions.

ACKNOWLEDGEMENT

This application must be signed below by all adults who will occupy this property. By signing, they represent the above statements to be true and complete with full knowledge that false information herein may constitute grounds for rejection of this application or ejection after occupancy and may constitute a criminal offense under the laws of this state. The undersigned hereby consent(s) to the Agent's credit check of the applicant(s).

Furthermore, a criminal background investigation will be performed on the information herein, and the above provision, and further acknowledges that misrepresentation is grounds for being rejected.

The undersigned hereby acknowledges that they have read, fully understand, and agree to all terms and conditions herein. All information is kept strictly confidential.

Applicant

Date

Time

Applicant

Date

Time

Applicant

Date

Time

Agent

Date

Time



ASSOCIATED MANAGEMENT, LTD.

P.O. Box 959

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