PROPERTY: PHONE:							
			APPLICANT INFO	DRMA ⁻	ΓON		
First Name	Middle	Last Nam	e Date of Bir	th	Social Security No.		Cell Phone
(Head of Hou	 usehold)			_			Email Address
<u></u>	THER OCCUPANTS					Relatio	nship to Head
		Last Nava	Data of Div	.±1.	Cooled Coornity No.		ising to rieda
First Name	Middle	Last Nam	e Date of Bir	un	Social Security No. (18 yrs of age & old		
		RES	IDENCE HISTORY	LAST 2	2 YEARS)		
DO YOU PRES	SENTLY: □Lease an apa	rtment 🗆 Ow	n home		REASON FOR M	10VING:	□ Location
□ Lease home	e 🗆 C	ther			□ Price	□ Maint	. 🗆 Mgmt.
□ Need an ac	ccessible unit				□ Job Transfer	□ Sale of	Home □ Other
Present Addr	ess						Apt #
City		State Z	ip Code		Home/Cell Number	Lan	dlord Phone Numbe
Apartment N	ame/Landlord Name	R	ent/Mtg. Amoun	t	Move-In Date	Мо	ve-Out Date
Previous Add	lress						Apt #
City		9	itate		Zip Code	Lar	ndlord Phone Numbe
Apartment N	ame/Landlord Name	R	ent/Mtg. Amoun	t	Move-In Date	Мо	ve-out Date
Prior Address	S						Apt #
City		S	tate		Zip Code	Lan	dlord Phone Numbe
Apartment N	ame/Landlord Name	R	ent/Mtg. Amoun	t	Move-In Date	Mo	ve-Out Date
subject to state in any state? Are you currer	member of your househ e lifetime sex offender re ntly under lease?		Yes Yes	_No _No	f you answered YES to ar o the left of this box, ple		
Is any househo	tice been given? old member a veteran? ons in your household:		Yes Yes	_No _No			
Ever been aske Broken your re	ed to vacate? ental agreement?		Yes Yes	_No _No			
Ever been con	victed of a felony?		Yes	_No			84-3470074

EMPLOYN	MENT INFORMATION	(LAST 6 MONTHS ONLY)			
Present Employer (Head of Household)	Telephone	From:	То:		
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:	То:		
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 IN	COME			
Other Income Source:		N	Monthly Amount:		
Other Income Source:			onthly Amount:		
	ADDITIONAL INF	FORMATION			
Do you: Have a pet?Y	esNo H	low Many?			
If yes, please describe: Type Heig	ht Weight	Breed			
Type Heig How did you hear about our apartments?		Breed			
INSURANCE: Owner and Agent	Statement of Discle		y or the residents.		

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		Time
Applicant		 Time
Applicant	Date	 Time
Agent		 Time



ASSOCIATED MANAGEMENT, LTD.

P.O. Box 959 North Little Rock, AR 72115 501-758-2405 or www.amlapartments.com