

PROPERTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

**APPLICANT INFORMATION**

First Name	Middle	Last Name	Date of Birth	Social Security No.	Cell Phone
_____					_____
(Head of Household)					Email Address
_____					_____

**LIST ALL OTHER OCCUPANTS**

**Relationship to Head**

First Name	Middle	Last Name	Date of Birth	Social Security No. (18 yrs of age & older)	
_____					_____
_____					_____
_____					_____

**RESIDENCE HISTORY (LAST 2 YEARS)**

DO YOU PRESENTLY:  Lease an apartment  Own home

Lease home  Other \_\_\_\_\_

Need an accessible unit

REASON FOR MOVING:  Location  Price  Maint.  Mgmt.  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?

\_\_\_ Yes \_\_\_ No

Are you currently under lease?

\_\_\_ Yes \_\_\_ No

Has proper notice been given?

\_\_\_ Yes \_\_\_ No

Is any household member a veteran?

\_\_\_ Yes \_\_\_ No

Have any persons in your household:

Ever been asked to vacate?

\_\_\_ Yes \_\_\_ No

Broken your rental agreement?

\_\_\_ Yes \_\_\_ No

Ever been convicted of a felony?

\_\_\_ Yes \_\_\_ No

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

Empty box for explanation.



**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.

