



*“Discover Your New Lease On Life“*

## **Applications For Occupancy**

### **NOTICE**

**No Applications are processed without the required fees and/or deposits. Please contact this property for specific details regarding submission**

Submission of Application grants  
AML and its Agents consent to conduct background  
investigation in the following areas:

Household Income  
Household Composition  
Citizenship  
Employment History  
Credit History  
Criminal Background  
Character Background  
Rental History

### **Statement of Disclosure**

AML 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

Associated Management, Ltd PO Box 959 N. Little Rock, AR 72115 501-758-2405

Equal Housing Opportunity

## 1. APPLICANT INFORMATION

First Name	Middle (Maiden)	Last Name	Date of Birth	Social Security #	Marital Status
A. _____ (Head of Household)			/ /	_____	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Sep. (Date of: _____)

### LIST ALL OTHER OCCUPANTS RELATIONSHIP TO HEAD

First Name	Middle (Maiden)	Last Name	Date of Birth	Social Security #	Relationship to Head
B.					
C.					
D.					
E.					
F.					

## 2. RESIDENCE HISTORY (last 2 years)

Do you presently  Lease an apartment  Own home/mobile home  Lease home/mobile home  Other \_\_\_\_\_

REASON FOR MOVING:  Location  Price  Maint.  Mgmt.  Job Transfer  Sale of Home  Other \_\_\_\_\_

Present Address				Apt #
City	State	Zip	Home Telephone	Landlord Telephone
Apartment Name/Landlord		Rent/Mtg. Amount	Move-In Date	Move-Out Date
Previous Address				Apt #
City	State	Zip	Landlord Telephone	
Apartment Name/Landlord		Rent/Mtg. Amount	Move-In Date	Move-Out Date
Prior Address				Apt #
City	State	Zip	Landlord Telephone	
Apartment Name/Landlord		Rent/Mtg. Amount	Move-In Date	Move-Out Date
Former Address				Apt #
City	State	Zip	Landlord Telephone	
Apartment Name/Landlord		Rent/Mtg. Amount	Move-In Date	Move-Out Date

Are you currently under lease?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If you answered YES to any of the questions to the left of this box, please explain.
Has proper notice been given?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Have you ever been asked to vacate?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Have you ever broken your lease?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Have you or your spouse ever been convicted of a felony?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

### 3. EMPLOYMENT INFORMATION (last 2 years only)

A. Present Employer		Telephone	From:	To:
Street Address		City	State	Zip
Monthly Income	Position	Supervisor	Telephone	

**FOR OFFICE USE ONLY:** Agent Verification By: \_\_\_\_\_ Person Contacted \_\_\_\_\_

A. Previous Employer		Telephone	From:	To:
Street Address		City	State	Zip
Monthly Income	Position	Supervisor	Telephone	

**FOR OFFICE USE ONLY:** Agent Verification By: \_\_\_\_\_ Person Contacted \_\_\_\_\_

B. Present Employer		Telephone	From:	To:
Street Address		City	State	Zip
Monthly Income	Position	Supervisor	Telephone	

**FOR OFFICE USE ONLY:** Agent Verification By: \_\_\_\_\_ Person Contacted \_\_\_\_\_

B. Previous Employer		Telephone	From:	To:
Street Address		City	State	Zip
Monthly Income	Position	Supervisor	Telephone	

**FOR OFFICE USE ONLY:** Agent Verification By: \_\_\_\_\_ Person Contacted \_\_\_\_\_

### 3. A - OTHER INCOME

Other Income Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Other Income Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

### 4. A - BANK REFERENCES

1. Name	Address	Account#	Circle Type of Account(s)	Checking	Savings	Loan
2. Name	Address	Account#	Circle Type of Account(s)	Checking	Savings	Loan

### 4. B - CREDIT REFERENCES

1. Name	Address	Account#	Do you Currently Have:		Issuer:
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	VISA _____
			<input type="checkbox"/>	<input type="checkbox"/>	MASTERCARD _____
			<input type="checkbox"/>	<input type="checkbox"/>	AM. EXPRESS _____

### 4. C - PERSONAL REFERENCE

1. Name	Address	Zip Code	Phone (Home)	(Work)	Relationship

### 5. EMERGENCY CONTACT

Name	Address	City/State	(Area)Phone	Relationship
			Home	
			Work	

This person IS ( ) IS NOT ( ) authorized to remove and/or store all contents of dwelling/mailbox in the event of serious illness or death of the resident(s).



## 6. ADDITIONAL INFORMATION

Do you:

- Own a waterbed?       Yes       No
- Have Renters Insurance?       Yes       No
- Own a pet? How Many?       Yes       No \_\_\_\_\_

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

If yes, please describe    Type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
    Type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## 7. VEHICLE REGISTRATION

VEHICLES	CAR#1	CAR#2	OTHER <small>Boats, Campers, etc</small>	OCCUPANT	DRIVER'S LICENSE NUMBER
Year				A. Head of Household	
Make				B. Occupant	
Model				Other Drivers	
License Tag#				Other Drivers	
Color				Other Drivers	

Do you know anyone who lives here?     Yes  No      If Yes, Whom? \_\_\_\_\_

### NOTICE

This application expires on \_\_\_\_\_.  
 Please make note of this date.  
 If after that time you remain interested in our apartments  
 you must file a new application with us. **Thank You!!**

This application must be signed below by all adults who will occupy this property and by signing, 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 investigation of all the information herein, and the above provisions, 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.

Applicant	Date	Time	Applicant	Date	Time
Applicant	Date	Time	Applicant	Date	Time

**FOR OFFICE USE ONLY**

**LEASE INFORMATION:**

Lease Term: \_\_\_\_\_ BR Requested: \_\_\_\_\_  
Security Deposit:\$ \_\_\_\_\_ BR Assigned: \_\_\_\_\_  
Rent Amount:\$ \_\_\_\_\_ Apt#: \_\_\_\_\_  
Pet Fee:\$ \_\_\_\_\_ Property: \_\_\_\_\_  
Other:\$ \_\_\_\_\_ Date Requested: \_\_\_\_\_  
Total Rent:\$ \_\_\_\_\_ Date M/I: \_\_\_\_\_  
Referred by \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Co-applicant \_\_\_\_\_ Date \_\_\_\_\_  
Agent \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**FOR OFFICE USE ONLY**

AMRENTCK Score \_\_\_\_\_ Rent Amount \_\_\_\_\_ ÷  $\frac{\text{Total Income}}{\text{Total Income}}$  = \_\_\_\_\_ %

AMQUACC Score \_\_\_\_\_ Debt Amount \_\_\_\_\_ ÷  $\frac{\text{Total Income}}{\text{Total Income}}$  = \_\_\_\_\_ %

Resident Profile Total %

Date: \_\_\_\_\_ By: \_\_\_\_\_

APPLICATION:  Approved  Declined

Reason(Declined) \_\_\_\_\_

Notified: Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Letter Sent Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_