

"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. AP	PLICANT	INFORMATION		and the same
First Name Middle (Maiden) Last Name A (Head of Household)	Date of Birth	h Social Security #	Marital Status Single Widowed Mar. Div. Sep.	
LIST ALL OTHER OCCUPANTS	Ser les	Part of the same	200000000000000000000000000000000000000	SHIP TO HEAD
First Name Middle (Maiden) Last Name B. C.	Date of Birth	h Social Security #		
D.				
E.		1		- SST
2. RESID	ENCE HIS	STORY (last 2 years	3)	CHELL STR.
Do you presently Lease an apartment Own home/mo	bile home	REASON FOR MOVING Maint. Mgmt. Jo	b Transfer ☐ Sale of Hon	ne
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	Landford Telephone	
Apartment Name/Landlord		Rent/Mtg. Amount	Move-In Date	Move-Out Date
Prior Address				Apt#
City	State	Zip	Landlord Telephone	22,510
Apartment Name/Landlord		Rent/Mtg. Amount	Move-In Date	Move-Out Date
Former Address				Apt#
City	State	Zip	Landlord Telephone	76
Apartment Name/Landlord	13/4/58/	Rent/Mtg. Amount	Move-In Date	Move-Out Date
		_		
Are you currently under lease?	□ yes □ r		the questions to the left of this t	oox, please explain.
Has proper notice been given?	□ yes □ r	3672		
Have you ever been asked to vacate?	a yes a r	504		
Have you ever broken your lease?	D yes Dr			
Have you or your spouse ever been convicted of a felony?	□ yes □ r	no		

Brancet Francis	44		Telephone	From:		To:
A. Present Employer		All the control of	1000000		10000	
treet Address			City	State		Zip
Nonthly Income	11 34 19	Position	Super	rvisor	Telephone	
OR OFFICE USE	ONLY: Agent Verification	on By:	Person Contact	ed		
A. Previous Employ	yer		Telephone	From:		To:
Street Address			City	State		Zip
Monthly Income		Position	Super	rvisor	Telephone	
OR OFFICE USE	ONLY: Agent Verification	on By:	Person Contact	ed		2011 / SHI
B. Present Employ	er	A STATE OF THE PARTY OF THE PAR	Telephone	From:		To:
Street Address		Ulcaving call Tables	City	State		Zip
Monthly Income		Position	Super	rvisor	Telephone	
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3. Previous Employ			Telephone	From:	As but as	To:
Street Address			City	State		Zip
		I Building	The same of the sa		000000000000000000000000000000000000000	210
Monthly Income		Position	Super	rvisor	Telephone	
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Do you:			6. ADDITION	NAL INFORM	ATION		
2.00							
Own a water	erbed?	☐ Yes	□ No	c	INSURANCE: Owner and Agent carry NO insurance on the personal property of the residents.		ersonal property
Have Rente	ers Insurance?	□ Yes	□ No				3.
Own a pet?	? How Many?	☐ Yes	□ No _			V -	
If yes, plea	se describe	Туре	н	leight	Weight _		_
		Туре	н	leight	Weight _		
d S R		WOO S	7. VEHICLI	E REGISTRA	TION	FB 10.5	
VEHICLES	CAR#1	CAR#2	OTHER Boats, Campers, etc.	OCCUP	ANT	DRIVER'S	LICENSE NUMBER
Year				A. Head of Ho	usehold		
Make				B. Occupant	dacrioid		
Model				Other Drivers			
Color			100	Other Drivers Other Drivers			
			-	NOTICE			
	This	application	on expires o		des.		
701				e note of this	data		
100	If a	fter that ti	me vou rema	ain interested		ments	
100				ain interested plication with	in our apart		
					in our apart		
This application	ation must be	ou must f	ile a new ap	plication with	in our apart us. Thank Y cupy this pro	ou!! perty and	by signing,
represent to herein may	ation must be he above state constitute gre	signed be ements to ounds for r	low by all adu be true and c ejection of thi	plication with ults who will oc complete with fi	in our apart us. Thank Y cupy this pro- ull knowledge r ejection after	perty and that false er occupat	information ncy and may
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FOR OFFICE USE ONLY LEASE INFORMATION:

Lease Term:	BR Requested:		
Security Deposit:\$	BR Assigned:		
Rent Amount:\$	Apt#:		
Pet Fee:\$			
Other:\$	Date Requeste	d:	
Total Rent:\$	Date M/I:		
Referred by			
Applicant	Date		
Co-applicant	Date		
Agent	Date	Time	

	FOR OFFICE L	USE ONLY
AMRENTCK Score _	Rent Amount _	÷ =%
AMQUACC Score _	Debt Amount _	+ =% Total Income
		Resident Profile Total %
Date:	By:	
APPLICATION: ☐ Approve	ed Declined	
	Reason(Declined)	
Notified: Date	Time	By
Letter Sent Date	Time	Ву