

632 Putman Dr.-Office #25
Fayetteville, Arkansas 72201
479-442-6638 Fax: 479-582-4299

Agent: _____ Rate \$ _____ Apt # _____
Date Needed: _____ Size _____ Lease Length _____

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

APPLICANT NAME LAST	FIRST	M.I.	BIRTHDATE	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	SOCIAL SECURITY #	CURRENT D.L. or I.D. #	STATE
PHONE NUMBER - Best Daytime Contact	EMAIL and/or OTHER PHONE			GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female			
SPOUSE NAME LAST	FIRST	M.I.	BIRTHDATE	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	SOCIAL SECURITY #	CURRENT D.L. or I.D. #	STATE
PHONE NUMBER - Best Daytime Contact	EMAIL and/or OTHER PHONE			GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female			
PRESENT ADDRESS	APT #	CITY	STATE	ZIP CODE	HOW LONG	MONTHLY RENT	
PROPERTY NAME	LANDLORD NAME/CONTACT	LANDLORD PHONE	LANDLORD ADDRESS IF DIFFERENT				
PREVIOUS ADDRESS (if current less than 3 years)	APT #	CITY	STATE	ZIP CODE	HOW LONG	MONTHLY RENT	
PROPERTY NAME	LANDLORD NAME/CONTACT	LANDLORD PHONE	LANDLORD ADDRESS IF DIFFERENT				
PROPERTY NAME		LANDLORD NAME/CONTACT	LANDLORD PHONE	LANDLORD ADDRESS IF DIFFERENT			
NAMES OF OTHER OCCUPANTS		RELATIONSHIP TO APPLICANT	BIRTHDATE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY #		
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			

EMPLOYMENT

PRESENT EMPLOYER of APPLICANT	POSITION	PHONE	FAX	HOW LONG [] Month [] Year	SALARY - WAGES [] Month [] Year
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	SUPERVISOR	\$
OTHER EMPLOYER	POSITION	PHONE	FAX	HOW LONG [] Month [] Year	SALARY - WAGES [] Month [] Year
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	SUPERVISOR	\$
PRESENT EMPLOYER of SPOUSE	POSITION	PHONE	FAX	HOW LONG [] Month [] Year	SALARY - WAGES [] Month [] Year
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	SUPERVISOR	\$
OTHER INCOME	DESCRIBE SOURCE and WHAT WILL BE PROVIDED FOR VERIFICATION			AMOUNT	\$

EMERGENCY CONTACT - Nearest relative not living with you.

PERSON TO CONTACT	LAST NAME	FIRST	M.I.	RELATIONSHIP TO APPLICANT	I agree this person can access property in event of emergency.	Initial
ADDRESS	APT #	CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE

VEHICLE INFORMATION

DRIVER - VEHICLE # 1	TYPE [] CAR [] Truck [] SUV	MAKE	MODEL	YEAR	COLOR	LICENSE # -- STATE
DRIVER - VEHICLE # 2	TYPE [] CAR [] Truck [] SUV	MAKE	MODEL	YEAR	COLOR	LICENSE # -- STATE

SPECIFY ANY MOTORCYCLES, BOATS, TRAILERS, CAMPER'S YOU HAVE -- SPECIAL REGULATIONS MAY APPLY

How did you learn about us?
 Newspaper
 Yellow Pages
 Signage
 Drive By
 Word of Mouth
 Previous resident
 Current resident
 Other

Why are you moving from your present address?
 Generally unhappy
 Bad Neighborhood
 Poor Maintenance
 Marital status change
 Acquired a pet
 Death or illness
 Other

Why did you decide to lease at this particular property?
 Transfer/change job
 Rental rate high
 Utilities high
 Move home
 Move near family
 Lost a roommate
 Add a roommate
 Other

Current Driver License (or official photo I.D.) and Social Security Card must be presented with application for copying.

Credit: Applicants consent to the obtaining of credit and criminal reports by the Agent on behalf of the owner.
Insurance: Owner and Agent do not carry insurance on the personal property of tenants, nor for any damage that might be caused by the tenant. **It is strongly recommended that tenants obtain their own personal Renters Insurance.**

I acknowledge the above information is true and accurate and that false information may result in denial of this application, or void of any lease agreement at the option of the owner.

Applicant Signature _____ Date _____ Date Agent Received Application _____
 Spouse Signature _____ Date _____ Agent Signature _____

