

APPLICANT FOR RESIDENCY

Date: _____

Applicant's Name: _____ Age: _____

Social Security No: _____ - _____ - _____ DOB: _____ Marital Status: _____

Name of Spouse: _____ Age: _____

Spouse's SSN: _____ - _____ - _____ DOB: _____ # of Occupant's in Unit: _____

Name, Relationship, & Age of Additional Occupants, other than those listed above:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Former Address: _____ City: _____ State: _____ Zip: _____

Current Home Phone #: _____ Current Business Phone #: _____

Name & Address of Current / Previous Landlord: _____

Phone #: _____ Current Monthly Rent: \$ _____

How long have you lived at current address? _____

Why are you leaving current residence? _____

Have you or your spouse ever been evicted? _____

Have you or your spouse ever broken a rental agreement or lease contract? _____

Have you or your spouse ever been sued for non-payment of rent or damages to rental property?

_____ No _____ Yes If yes, explain: _____

Have you or your spouse ever been convicted of a felony? No _____ Yes _____

Applicant's Current Employer: _____

Address of Employer: _____

Phone # of Current Employer: _____ Applicant's Position: _____

Length of Employment: _____ Immediate Supervisor: _____

Monthly Salary: _____ Other Income: _____

Name & address of Spouse's Current Employer: _____

Employer's Phone #: _____ Spouses Position: _____

Monthly Salary: _____ Other Income: _____

Name & Address of Two Character References in this area:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Do you have any indoor/ outdoor pets? Yes or No

Credit References:

Name: _____ Account: _____ Balance due: _____

Name: _____ Account: _____ Balance due: _____

Name: _____ Account: _____ Balance due: _____

Bank and/or Credit Reference:

Name: _____ Address: _____ Phone #: _____

Checking Account: _____ Savings Account: _____

Vehicles: All vehicles to be parked on premises by occupants must be listed on application.

Vehicle: _____ Year: _____ Model: _____ Color: _____ Lic. & State: _____

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Emergency Contact:

Name: _____ Relationship: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

This application is made subject to approval. It is further understood that the answers to the foregoing questions are to the best of my knowledge true and I have read & understood the information contained at the bottom of this application. DISCLOSURE OF AGENCY RELATIONSHIP. In compliance with Chapter 21 of Title 54,1 of the Arkansas Board of Real Estate Regulations, you are hereby notified that CENTURY 21 CAMPBELL & COMPANY is representing the owner(s) of this property in this real estate transaction.

Signed: _____ Date: _____

Signed: _____ Date: _____

APPLICANTION AGREEMENT

1. Management assumes no obligation to show a unit unless a properly completed application is received and approved.
2. Applicant agrees to the release of any pertinent information concerning his/her credit or character references by signing this application and it is further understood that any such information will be held strictly confidential.
3. Applicant agrees this application will not be complete until MANAGEMENT has received applicant's credit information and verification of applicant's employment.
4. This is an Equal Housing Organization. Your application will not be rejected because of race, color, religion, sex, handicap, family status or national origin. The approval of your application is subject to your ability to demonstrate that you are able to pay rent and are capable of entering into a contract.

Applicant Approved: _____ **Applicant Rejected:** _____

If Rejected, explain: _____
