

RENTAL APPLICATION



3085 Dave Ward Drive, Suite 100, Conway, AR 72034 * P: 501-730-0009 * F: 501-328-3444

A **\$30** non-refundable application fee is required for investigation.

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

FULL NAME _____ DATE SUBMITTED ____/____/____ PHONE (____) ____-____
 BIRTH DATE ____/____/____ SS# ____-____-____ CO-APPLICANT NAME _____ RELATIONSHIP _____
 EMAIL ADDRESS _____ DRIVERS LICENSE# _____ STATE ISSUED BY _____
 MARITAL STATUS: Single Married since (date) ____/____/____ Divorced since (date) ____/____/____ Former Spouse _____

RENTAL INFORMATION

POTENTIAL MOVE-IN DATE ____/____/____ IS THERE A SPECIFIC RENTAL COMMUNITY YOU'RE INTERESTED IN? Yes No
 IF Yes, Which Community: _____ NUMBER OF BEDROOMS NEEDED _____ NUMBER OF BATHROOMS _____
 DESIRED MONTHLY RENTAL RATE \$ _____ .00 OTHER PREFERRED AMENITIES _____

ADDRESSES

Current Address _____ City/State/Zip _____ Since ____/____/____ Rent/Month \$ _____ .00
 Owner/Management _____ Contact _____ Phone (____) ____-____ Is present rent up to date? Yes No
 Reason for Leaving _____ Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address (if within 3yrs) _____ City/State/Zip _____ Dates ____/____/____ to ____/____/____
 Previous Owner/Management Co _____ Contact _____ Phone (____) ____-____ Rent/Month \$ _____ .00
 Reason for Leaving _____ Did you give notice? Yes No Were you asked to leave? Yes No

OCCUPANTS

	NAME	RELATIONSHIP	BIRTH DATE
TOTAL NUMBER OF OCCUPANTS _____			

PETS: Yes No If yes, give details (number, type/breed & size/weight): _____

CARS

VEHICLE #1 _____ / _____ / _____ / _____ License Plate #1 _____ State _____
 Make Model Year Color
 VEHICLE #2 _____ / _____ / _____ / _____ License Plate #2 _____ State _____
 Make Model Year Color

EMPLOYMENT

CURRENT EMPLOYER _____ Dates Employed ____/____/____ - ____/____/____ Street/City _____
 Position _____ Supervisor _____ Work Hours _____ Phone (____) ____-____ Fax (____) ____-____
 PREVIOUS EMPLOYER _____ Dates Employed ____/____/____ - ____/____/____ Street/City _____
 Position _____ Supervisor _____ Work Hours _____ Phone (____) ____-____ Fax (____) ____-____

INCOME

Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____
 Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____

RENTAL APPLICATION



3085 Dave Ward Drive, Suite 100, Conway, AR 72034 * P: 501-730-0009 * F: 501-328-3444

Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____

1. Bank/Credit Union _____ Acct.# _____
2. Bank/Credit Union _____ Acct.# _____

REFERENCE

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____

EMERGENCY CONTACT _____ Phone (____) _____ - _____ How you are acquainted _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s) CREDITORS NAME	ADDRESS/PHONE	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No

Has any signer ever filed bankruptcy? Yes No Has any signer ever been guilty of a felony? Yes No

Has any signer ever broken a lease? Yes No Is the total move-in amount available now (rent and deposit)? Yes No

Name which company your utilities are now billed and account number _____ # _____

Explain any "YES" answers here (include names and details) _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT

_____/_____/_____
DATE

DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE COMPLETED BY BRENTWOOD APARTMENTS' AGENT

DATE RECEIVED ____/____/____ DATE PROCESSED ____/____/____ AGENT _____ UNIT APPLIED FOR: _____

EMPLOYMENT VERIFICATION
 EMPLOYMENT DATES VERIFIED Yes No
 MONTHLY INCOME VERIFIED Yes No
 SPOKE WITH _____ DATE ____/____/____
 NOTES: _____

RESIDENCY VERIFICATION
 RESIDENCY DATES VERIFIED Yes No
 MONTHLY RENTAL AMT VERIFIED Yes No
 SPOKE WITH _____ DATE ____/____/____
 NOTES: _____

REFERENCE VERIFICATION: _____
 NOTES: _____

REFERENCE VERIFICATION: _____
 NOTES: _____

APPROVED Yes No If No, explain _____

RENTAL APPLICATION



3085 Dave Ward Drive, Suite 100, Conway, AR 72034 * P: 501-730-0009 * F: 501-328-3444

TENANT NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No		THEY ACCEPTED <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, explain _____		
DEPOSIT \$____.00	PAID <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE __/__/__	RENT AMT \$____.00	LEASE TERM <input type="checkbox"/> 6Mo <input type="checkbox"/> 12Mo <input type="checkbox"/> Other__ Mo		
PRORATE <input type="checkbox"/> Yes <input type="checkbox"/> No	AMT \$____.00	MOVE-IN DATE __/__/__	LEASE EXPIRES __/__/__	KEYS __FD __MB __SC		
PET <input type="checkbox"/> Yes <input type="checkbox"/> No	#PETS __	PET DEPOSIT AMT \$____.00	PAID <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE __/__/__	PET NOTES _____	
UTILITIES PAID BY TENANT		Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Water <input type="checkbox"/>	SHUT OFF SCHEDULED <input type="checkbox"/> Yes <input type="checkbox"/> No	SHUT OFF DATE __/__/__