**ARKANSAS RENTAL APPLICATION**

Application Fee: $[AMOUNT] (non-refundable)

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| **PROPERTY DETAILS** |

Property Type: [ ]  Apartment [ ]  Condominium [ ]  House [ ]  Other: [OTHER]

Property Address: [PROPERTY ADDRESS]

Monthly Rent: $[AMOUNT]

Bedrooms: [#] Bathrooms: [#] Square Feet: [#]

Lease Type: [ ]  Fixed-Term [ ]  Month-to-Month Start Date: [START DATE]

Pets Allowed? [ ]  Yes [ ]  No - If yes, types allowed: [DESCRIBE PETS]

Parking? [ ]  Yes [ ]  No - If yes, describe: [DESCRIBE PARKING]

Smoking Allowed? [ ]  Yes [ ]  No

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| **APPLICANT’S DETAILS** |

Applicant’s Full Name: [APPLICANT'S FULL NAME] SSN: [SSN #]

Date of Birth: [DATE OF BIRTH] Phone: [PHONE #]

E-Mail: [E-MAIL]

Photo ID: [ ]  Driver’s License [ ]  Passport [ ]  Other: [TYPE OF ID]

ID#: [#]

Are you a U.S. Citizen? [ ]  Yes [ ]  No - If no, describe where: [ENTER COUNTRY]

Do you have pets? [ ]  Yes [ ]  No - If yes, describe: [DESCRIBE PETS]

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| **APPLICANT’S CURRENT RESIDENCE** |

Property Type: [ ]  Apartment [ ]  Condominium [ ]  House [ ]  Other: [DESCRIBE PROPERTY]

Property Address: [PROPERTY ADDRESS]

Monthly Rent: $[MONTHLY RENT]

Bedrooms: [#] Bathrooms: [#] Square Feet: [#]

Lease Start: [START DATE] Lease End: [END DATE]

Reason for Moving: [REASON FOR MOVING]

Landlord’s Name: [LANDLORD'S NAME]

Landlord’s Phone: [LANDLORD'S PHONE] Landlord’s E-Mail: [LANDLORD'S E-MAIL]

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| **APPLICANT’S PREVIOUS RESIDENCE - 1** |

Property Type: [ ]  Apartment [ ]  Condominium [ ]  House [ ]  Other: [DESCRIBE PROPERTY]

Property Address: [PROPERTY ADDRESS]

Monthly Rent: $[MONTHLY RENT]

Bedrooms: [#] Bathrooms: [#] Square Feet: [#]

Lease Start: [START DATE] Lease End: [END DATE]

Reason for Moving: [REASON FOR MOVING]

Landlord’s Name: [LANDLORD'S NAME]

Landlord’s Phone: [PHONE #] Landlord’s E-Mail: [LANDLORD'S E-MAIL]

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| **APPLICANT’S PREVIOUS RESIDENCE - 2** |

Property Address: [PROPERTY ADDRESS]

Monthly Rent: $[MONTHLY RENT]

Bedrooms: [#] Bathrooms: [#] Square Feet: [#]

Lease Start: [START DATE] Lease End: [END DATE]

Reason for Moving: [REASON FOR MOVING]

Landlord’s Name: [LANDLORD'S NAME]

Landlord’s Phone: [PHONE #] Landlord’s E-Mail: [LANDLORD'S E-MAIL]

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| **APPLICANT’S CURRENT EMPLOYER** |

Employer: [EMPLOYER'S NAME]

Employer’s Address: [EMPLOYER'S ADDRESS]

Title / Occupation: [TITLE]

Gross Monthly Income: $[AMOUNT] Start Date: [START DATE]

Supervisor’s Name: [SUPERVISOR'S NAME]

Supervisor’s Phone: [PHONE #] Supervisor’s Email: [SUPERVISOR'S E-MAIL]

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| **APPLICANT’S PREVIOUS EMPLOYER** |

Employer: [EMPLOYER'S NAME]

Employer’s Address: [EMPLOYER'S ADDRESS]

Title / Occupation: [TITLE]

Gross Monthly Income: $[AMOUNT] Start Date: [START DATE]

Supervisor’s Name: [SUPERVISOR'S NAME]

Supervisor’s Phone: [PHONE #] Supervisor’s Email: [SUPERVISOR'S E-MAIL]

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| **APPLICANT’S VEHICLES** |

Do you have a vehicle? [ ]  Yes (describe below) [ ]  No

Make: [MAKE] Model: [MODEL] Year: [YEAR]

Color: [COLOR] Plate #: [#] State: [STATE]

Do you have a vehicle? [ ]  Yes (describe below) [ ]  No

Make: [MAKE] Model: [MODEL] Year: [YEAR]

Color: [COLOR] Plate #: [#] State: [STATE]

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| **PUBLIC RECORDS** |

**Eviction**. Have you ever been evicted or a defendant in an eviction action? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE EVICTION]

**Bankruptcy**. Have you ever filed, or are you in the process of filing bankruptcy? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE BANKRUPTCY]

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| **CONSENT & ACKNOWLEDGMENT** |

I hereby certify that I am at least 18 years of age and that all information given on this application is true and correct. I authorize the Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, bank representatives, and personal references. I agree to furnish additional credit and/or personal references upon request. I understand incomplete or incorrect information provided in this application may cause a delay in processing which may result in denial of tenancy. This investigation is for resident screening purposes only and is strictly confidential. I hereby hold Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information. Important information about your rights under the Fair Credit reporting Act:

* You have a right to request disclosure of the nature and scope of the investigation.
* You must be told if information in your file has been used against you.
* You have a right to know what is in your file, and this disclosure may be free.
* You have the right to ask for a credit score (there may be a fee for this service).
* You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington D.C. 20580.

In connection with my application for housing, I understand that the property owner/agent may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

* Equifax, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111
* Trans Union, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA, 92631, (714) 738-3800
* Experian (TRW), Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742

These consumer reports are defined as investigative consumer reports. These reports may contain information on my character, general reputation, personal characteristics and mode of living. In connection with my application for housing, I authorize owner/agent to obtain a consumer report from the consumer reporting agencies listed above.

**Applicant’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_