

Address of House Applying For: _____

APPLICATION FOR RESIDENCY

Arkansas Realty Services, LLC
203 S. 6th St., Arkadelphia, AR 71923
(870) 403-1034

Thank you for expressing an interest in renting from Arkansas Realty Services, LLC. In order to be considered for tenancy, this application for residency must be completed in its entirety. All information provide herein is kept strictly confidential and is used only for the purposes of making a determination of who to rent to, and in legal actions to collect for damages or delinquent rent.

This application for residency is NOT a lease and completion of the application in NO WAY guarantees or makes any promises the applicant will be leased any property.

Any false or misleading information provided on this application shall result in the automatic denial of the application for tenancy and applicant will be assessed a \$100.00 processing fee from the deposit paid.

PERSONAL INFORMATION

Full Name (as on your driver's license): _____

Present Address: _____

Email Address: _____

Phone #: (Home) _____ (Cell) _____

Present Address Is (check one) Apt./ Own Home/ Parents Home/ Rented Home

Name of Apartments (if applicable): _____

Current Landlord's Name: _____

Current Landlord's phone: _____

How long have you lived at current address? From: _____ To: _____

Reason for moving? _____

Please list all residences for the last five years, landlords name, and phone number which were not already listed above: _____

US Citizen? Yes No

Social Security #: _____

Driver's License #: _____ State issued in? _____

Sex: Male Female

Date of Birth: _____

EMPLOYMENT INFORMATION

Present Employment Status: Full-Time Part-Time Student
 Unemployed Retired

Present Employer: _____

Position/Type of work: _____

Business Address: _____

City _____ State _____ Zip _____

Supervisor: _____

Work Phone #: _____

Employed Since: _____

Monthly Income: _____

(If multiple employers, please list all other employers on the back of this page, along with the same information.)

Other Sources of Income that will be used to pay rent: (Please source and amount): _____

OTHER OCCUPANTS (all persons under age 18 who will be living with you)

Name: _____ Birthday: _____ Relationship: _____

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Name: _____ Birthday: _____ Relationship: _____

YOUR PET*

Do you have a pet or intend on having a pet? Yes No

If "yes", type of pet(s) and breed: _____

*Having a pet requires the consent of the Lessor. Lessee is required to pay a \$100 non-refundable pet fee for the first pet and \$100 for each additional pet.

YOUR CREDIT/CRIMINAL HISTORY

Bank Information

Bank #1 Bank Name: _____

City/State: _____

Account #: _____

Bank #2 Bank Name: _____

City/State: _____

Account #: _____

Bank #3 Bank Name: _____

City/State: _____

Account #: _____

Do you have a savings account or any other cash accounts? Yes No

If "yes", please provide relevant bank name, address, and account number.

Do you, your spouse, or does any occupant have charges pending for any criminal offense? Yes No

Have you, your spouse, or has any occupant ever:
(If the box is not checked, you represent the answer is "no".)

- Been evicted or asked to move out?
- Broken a rental agreement or lease contract?
- Been sued for nonpayment of rent?
- Had a debt placed for collection?
- Declared bankruptcy?
- Been convicted of a felony? If yes, what? _____

YOUR VEHICLES

Make/Model _____ Year _____ Color _____ License# _____ State _____

Make/Model _____ Year _____ Color _____ License# _____ State _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: Home: _____ Cell: _____ Work _____

In the event you become seriously ill or die, you hereby authorize the person listed above to remove all your personal belongings from the premises leased.

Signature: _____

REFERENCES (at least one must be a family member and someone different than your emergency contact listed above) **NO LESS THAN 3 MUST BE PROVIDED!!!**

#1) Name: _____

Relationship: _____ Length of Time Known: _____

Address: _____ City _____ State _____ Zip _____

Phone: Home: _____ Cell: _____ Work _____

#2) Name: _____

Relationship: _____ Length of Time Known: _____

Address: _____ City _____ State _____ Zip _____

Phone: Home: _____ Cell: _____ Work _____

#3) Name: _____

Relationship: _____ Length of Time Known: _____

Address: _____ City _____ State _____ Zip _____

Phone: Home: _____ Cell: _____ Work _____

HOW DID YOU HEAR ABOUT THIS RENTAL COMPANY?

(check all that apply)

- Saw "For Rent" sign in yard
- Cable TV Ad
- Realtor (Which Company? _____)
- Newspaper Ad
- Referral (Person's Name _____)
- Internet

SIGNATURE

By signing this application for residency, applicant warrants and represents that the information furnished on this application is true and complete. Applicant authorizes Arkansas Realty Services, LLC and its agents to run credit and criminal history reports and to obtain all other information reasonably necessary to process this application, including but not limited to a search on Lexis Nexis or other credit agencies. Applicant releases from liability and responsibility all persons and entities requesting and supplying the above information.

In the event any information on this application is found to be false or misleading, the application will be immediately denied and the applicant will be assessed a \$100.00 processing fee.

Upon submission of this form, applicant shall be required to pay a minimum deposit equal to one month's rent. In the event the application for tenancy is denied, the deposit paid shall be refunded, less the processing fee if applicable. In the event the applicant changes his/her mind or decides not to lease from Arkansas Realty Services, LLC after submitting the application for tenancy but prior to signing the lease agreement, the deposit shall be forfeited and kept as liquated damages.

Upon approval for tenancy, all information provided on this application shall become part of your lease agreement. The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties.

Arkansas Realty Services, LLC is an equal opportunity provider of housing.

DISCLOSURE: Jonathan Huber is a licensed real estate broker, owner of Arkansas Realty Services, LLC and attorney for the State of Arkansas. He is also the principal owner of Huber Rental Properties, LLC.

Printed Name: _____

Signature: _____

Date: _____

