



315 Ireland
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RENTAL APPLICATION

PERSONAL INFORMATION

Date _____

Name of Applicant _____ Home Phone _____

Social Security No. _____ Business Phone _____

Driver's License No. _____

Present Address _____

City, State, Zip Code _____

Prior Address _____

City, State, Zip Code _____

How long have you lived at present address? _____ How long did you live at prior address? _____

Name of Landlord _____ Telephone _____

Prior Landlord _____ Telephone _____

Birth Date _____ How many in your family? Adults _____ Children _____ Pets _____

Employer _____ Position _____ How Long? _____

Monthly Salary _____ Contact Person _____ Telephone _____

SPOUSE/CO-APPLICANT INFORMATION

Name _____ Birth Date _____

Social Security No. _____ Driver's License No. _____

Employer _____ Position _____ How Long? _____

Monthly Salary _____ Contact Person _____ Telephone _____

BANK INFORMATION

Bank Name _____ Telephone _____

Address _____

Checking Account No. _____ Savings Account No. _____

ADDITIONAL PERSONAL REFERENCES

NAME

RELATIONSHIP

TELEPHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Number of vehicles (including company cars) _____

Make/Model _____ Year _____ Color _____ Tag No. _____ State _____

Make/Model _____ Year _____ Color _____ Tag No. _____ State _____

Make/Model _____ Year _____ Color _____ Tag No. _____ State _____

HAVE YOU EVER:

Filed for bankruptcy? _____ YES _____ NO If yes, when? _____

Been served an eviction notice or been asked to vacate a property you were renting? _____ YES _____ NO

Willfully or intentionally refused to pay rent when due? _____ YES _____ NO If yes, when? _____

How were you referred to us? _____ Newspaper _____ Sign _____ Realtor _____ Other

Rental Unit Applied For _____

Commencement Date _____ Term _____ Rent/Month _____

SIGNATURES

I/We declare the foregoing information is true and correct, and I/We hereby authorize you to conduct an employment verification and credit check, criminal background history and to verify our references.

Applicant's Signature Date

Co-Applicant's Signature Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

Application Verification	Person Contacted	Remarks
<input type="checkbox"/> Present Landlord	_____	_____
<input type="checkbox"/> Previous Landlord	_____	_____
<input type="checkbox"/> Applicant's Employment	_____	_____
<input type="checkbox"/> Co-applicant's Employment	_____	_____
<input type="checkbox"/> Bank	_____	_____
<input type="checkbox"/> Reference(1)	_____	_____
<input type="checkbox"/> Reference(2)	_____	_____
<input type="checkbox"/> Reference(3)	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Driver's License/ID	<input type="checkbox"/> Credit Bureau	

Verification Completed By

Date _____

Remarks _____

MONIES RECEIVED		
<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	Deposit	_____
_____	_____	_____
_____	_____	_____
_____ Approved		_____ Not Approved