ARKANSAS RENTAL APPLICATION FORM

Property Address: Unit/Apartment Number (if applicable): Desired Move-In Date:

Lease Term: months/years

# Applicant Information

Full Name:

Date of Birth:

Social Security Number (if applicable): Driver’s License/ID Number: State: Phone Number:

Email Address:

Current Address: City/State/ZIP: How Long at This Address? Landlord/Property Manager:

Phone:

Reason for Leaving:

Previous Address: City/State/ZIP: How Long at This Address? Landlord/Property Manager:

Phone:

Reason for Leaving:

# Employment & Income Information

Current Employer: Employer Address: Position/Title:

Supervisor’s Name:

Phone:

Length of Employment:

Monthly Income (Gross): $

Previous Employer (if less than 1 year at current job):

Employer Address:

Position/Title: Supervisor’s Name: Phone:

Length of Employment:

Monthly Income (Gross): $

Other Sources of Income

Source:

Amount: $ Frequency:

Co-Applicants/Occupants (18 years or older)

Full Name: Relationship:

Full Name: Relationship: Full Name: Relationship: Total Number of Occupants (including minors):

Vehicle Information

Vehicle Make/Model: Year:

License Plate #: State:

Vehicle Make/Model: Year:

License Plate #: State:

# Pets

Do you have pets?YesNo

☐

☐

If yes, describe (type/breed/weight):

# References

Personal Reference (non-family):

Phone Number:

Relationship:

Emergency Contact: Phone Number: Relationship:

# Consent and Certification

I/we certify that the information provided in this application is true and complete to the best of my/our knowledge. I/we authorize the landlord/manager to verify the information provided, including credit history, employment, and rental history.

Applicant Signature: Date:

Co-Applicant Signature: Date: