



GLENROCK

# RENTAL APPLICATION



2730 Dave Ward Drive Conway, AR 72034 \* P: 501.585.4349 \* F: 501.505.8061

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

1. Bank/Credit Union \_\_\_\_\_ Acct.# \_\_\_\_\_
2. Bank/Credit Union \_\_\_\_\_ Acct.# \_\_\_\_\_



GLENROCK

# RENTAL APPLICATION

2730 Dave Ward Drive Conway, AR 72034 \* P: 501.585.4349 \* F: 501.505.8061



### 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
_____	_____	_____	\$ _____	<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 GLENROCK EMPLOYEE

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 \_\_\_\_\_

TENANT NOTIFIED  Yes  No THEY ACCEPTED  Yes  No If No, explain \_\_\_\_\_

DEPOSIT \$ \_\_\_\_\_.00 PAID  Yes  No DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RENT AMT \$ \_\_\_\_\_.00 LEASE TERM  6Mo  12Mo  Other \_\_\_\_ Mo

PRORATE  Yes  No AMT \$ \_\_\_\_\_.00 MOVE-IN DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LEASE EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_ KEYS \_\_\_\_ FD \_\_\_\_ MB \_\_\_\_ SC

PET  Yes  No #PETS \_\_\_\_ PET DEPOSIT AMT \$ \_\_\_\_\_.00 PAID  Yes  No DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PET NOTES \_\_\_\_\_

UTILITIES PAID BY TENANT Gas  Electric  Water  SHUT OFF SCHEDULED  Yes  No SHUT OFF DATE \_\_\_\_/\_\_\_\_/\_\_\_\_