

# RENTAL APPLICATION



## Carriage House

2226 Merrill Drive • Forrest City, AR 72335  
870.633.3554 • 870.261.9112

Do Not Mark In This Space

Date Rec'd: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fill out this application completely, leaving no blank spaces. If the question does not apply to you, please indicate with "NONE".

Please return along with

- 2 recent pay stubs or proof of income
- a copy of your driver's license or state ID

1 Bedroom     2 Bedroom     3 Bedroom

	Full Name	Birth Date	How Related	SS#
Head of Household:				
Co-Head:				
Other Members who will live in this apartment:				

Marital Status (check one):  Single     Married     Divorced     Separated

Current Cell Number: (\_\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_\_) \_\_\_\_\_

Current Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

How Long at this Address: \_\_\_\_\_  Own     Rent:    Amount of Rent Paid: \$ \_\_\_\_\_

Landlords Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Are you Applying with HUD or any Assistance? \_\_\_\_\_

Are you going to Apply with HUD or any assistance anytime during your Lease? \_\_\_\_\_

Do you ALWAYS agree to pay your rent ontime? \_\_\_\_\_

If you have NOT lived at the above current address 3 YEARS OR MORE, you MUST complete the following section.  
List your residential history for the past three years leading up to your current residence status below:

Residence Address                      Landlord Name/Address /Telephone                      From to Include Month & Year

\_\_\_\_\_

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**Preferred Method of "Worry-Free" Standard Rental Payments:**

Electronic banking\_\_\_\_\_ Payroll deduction\_\_\_\_\_ Charge card\_\_\_\_\_ Debit card\_\_\_\_\_

Other method of payment which requires additional \$\_\_\_\_\_ handling fee: Check\_\_\_\_\_ Money order\_\_\_\_\_

Have you ever been evicted?  YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever broken a lease? \_\_\_\_\_

Have you ever refused to pay rent for any reason? \_\_\_\_\_

Do you have renter's insurance? \_\_\_\_\_

Do you currently have any utilities in your name? \_\_\_\_\_

Do you currently have phone service in your name? \_\_\_\_\_

Is there anything to prevent you from placing utilities or phone in your name?

Do you know of anything or any reason which may interrupt your ability to pay rent?

Have you or any member of your household, ever been arrested?  YES  NO

Have you ever had, or do you currently have a police record?  YES  NO

Have you ever been convicted of a Felony?  YES  NO

If yes to any of the above, please explain in detail: \_\_\_\_\_

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**Please Note: ONLY cars on application are authorized to be on premises.**

Make/Model of Vehicle: \_\_\_\_\_ License Plate Number \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ License Plate Number \_\_\_\_\_

**Income History**

**Applicant's current employment status (check one):**

[ ] Full-time [ ] Part-time (less than 32 hrs.) [ ] Student [ ] Retired [ ] Self-Employed [ ] Unemployed [ ] Other

**Primary source of employment:**

Applicant employed by: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's Cell Phone \_\_\_\_\_

Average weekly hours: \_\_\_\_\_ How long at the place of employment? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Please indicate weekly, biweekly, monthly, or annual average take home: \_\_\_\_\_

**Co-Applicant's current employment status (check one):**

[ ] Full-time [ ] Part-time (less than 32 hrs.) [ ] Student [ ] Retired [ ] Self-Employed [ ] Unemployed [ ] Other

**Co-Applicant Primary source of employment:**

Co-Applicant employed by: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's Cell Phone \_\_\_\_\_

Average weekly hours: \_\_\_\_\_ How long at the place of employment? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

**OTHER SOURCE OF INCOME:** (Please check all income sources that apply)

Social Security \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

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SSI Disability \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

Pension \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

Pension \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

Part-Time Emp. \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

Full Time Emp. \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

Other Income \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Mo. \_\_\_\_\_ /or Yr. \_\_\_\_\_

Do you have a Checking Account?  YES  NO

**CREDIT REFERENCES:** Two (2) credit references required.

\_\_\_\_\_  
Name of Institute

\_\_\_\_\_  
Type of Loan

\_\_\_\_\_  
Term of Loan

\_\_\_\_\_  
Utility Company (City /State)

\_\_\_\_\_  
Service Location

\_\_\_\_\_  
Service Dates

**PERSONAL REFERENCES:** Provide two (2) persons NOT related to you, that you have known one (1) year or more.

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: (\_\_\_\_\_) \_\_\_\_\_

Telephone No: (\_\_\_\_\_) \_\_\_\_\_

How did you hear about this apartment community? \_\_\_\_\_

**In the event of some emergency please list contact:**

**1st Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2nd Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for completing an application to rent from us. Please note that a completed application requires submission of the following, which will be copied and attached to this application:

\_\_\_\_\_ Driver's license picture ID. Note: Rentals will not be shown without picture ID.

\_\_\_\_\_ 2 weeks of most current pay stubs of each income source listed

**To complete application**, the applicant will need to provide (2) proofs of income. The applicant will need to go to district court building and pay \$5.00 to get their background check. If any information is found to be incorrect the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason to not lease to applicant(s).

**BY SIGNING BELOW YOU AGREE TO ALWAYS PAY YOUR RENT ON TIME EVERY MONTH.**

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**FINAL STATUS OF APPLICATION:**

This application was (Check One): Accepted  Ineligible

\_\_\_\_\_  
Management Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*WARNING: Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years, or both."*

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

*This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)*