

LAKWOOD APARTMENTS LLC
1000 N. AR. SUITE 4
RUSSELLVILLE, AR. 72801
PHONE: (479) 968-2559

(MAILING ADDRESS)
(P.O. BOX 220 72811)

APPLICATION FOR RENTAL

1. Applicant's Name _____ Phone _____ Age _____
2. Present Address or Apt. Name _____ How Long? _____
3. Name of Present Landlord or Apt Manager _____ Phone # _____
4. Marital Status (check one) Single _____ Married _____ Divorced _____ Widowed _____ Separated _____
5. Social Security No. _____ Drivers License No. _____ State _____
6. Employer _____ Address _____
7. Kind of Work _____ How Long _____
8. Phone at Work _____ Monthly Income _____
9. Spouse Name _____ Age _____
10. Spouse's Social Security No. _____ Drivers's License no. _____ State _____
11. Spouse's Employer _____ Address _____
12. Spouse's Kind of Work _____ How Long _____
13. Spouse's Phone at Work _____ Monthly Income _____
14. **List Name, Age, Relationship, of all persons to be occupying the premises.**
(Children, Relatives, Roommates, etc.)
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

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15. List all vehicles to be parked on the premises by applicant, spouse or children.

Type Vehicle _____ Year _____ Color _____ License # _____ State _____

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16. NO WATERBEDS OR PETS OF ANY KIND ALLOWED.

17. Name of your Bank _____ City _____ Acct. # _____

18. Credit References (active accounts or credit cards)

_____ City _____ Acct # _____

_____ City _____ Acct # _____

19. Why are you leaving your Present Residence? _____

20. Have you or your spouse ever been evicted? _____ Have you ever broken a rental agreement? _____

21. Have you or your spouse ever been sued for non-payment of rent or damages to rental property? _____

22. Have you or your spouse ever been convicted of a felony? (if yes, reason) _____

23. How were you referred to us? Just stopped by _____ Friend (Name) _____ Sign _____

Other real estate firm _____ Newspaper _____ Other _____

24. In Case of an Emergency, Notify _____ Phone _____

Street Address _____ City/State _____ Relationship _____

CORRECT INFORMATION

APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, AND HEREBY AUTHORIZES VERIFICATION OF ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS. APPLICANT ACKNOWLEDGES THAT FALSE INFORMATION HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, TERMINATION OF RIGHT OR OCCUPANCY, AND OR FORFEITURE OF DEPOSITS AND MAY CONSTITUTE A CRIMINAL OFFENSE UNDER THE LAWS OF THIS STATE.

THIS APPLICATION WILL BE RETAINED 1 MONTH UNLESS TOLD OTHERWISE.

APPLICANT'S SIGNATURE:

DATE _____