

UNIT # _____

**APPLICATION FOR RENTAL
LANIA APARTMENTS
5503 "B" STREET, LITTLE ROCK, AR 72205
PHONE # 501-664-2303 FAX # 501-664-2332
EMAIL: lanaiapartments@comcast.net**

GENERAL INFORMATION

Applicant's Name as Stated on Drivers License	Birth Date	Driver's License # & State	Soc. Sec #
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Spouse's Name on License	Maiden Name	Birth Date	Driver's License # & State	Soc. Sec #
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Expected Move-In Date	Apt. To be occupied by _____ Adults _____ Children	Children Names & Ages
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Reason for Moving	Do you have Pet(s)?	How Many? Type & Size (Requires deposit & Consent)
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RESIDENCE HISTORY

Present Address	City	State	ZIP	Phone	Move in Date	Own/Rent
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Name & Address of Present Landlord or Apt Community/Mortgage Co.	Phone	Monthly Pmt.
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Previous Residence Address	City	State	Zip	Move in/out Dates	Own/Rent
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Name & Address of Previous Landlord or Apt Community/Mortgage Co.	Phone	Reason for moving
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EMPLOYMENT HISTORY

Applicant Employed By	Supervisor's Name	Position/Occupation	Start Date
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Address	City	State	Zip	Phone	Income \$ _____ Per _____
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Previous Employment	Supervisor's Name	Position/Occupation	Start & End Dates
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Address	City	State	Zip	Phone	Income \$ _____ Per _____
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Spouse Employed By	Supervisor's Name	Position/Occupation	Start Date
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Address	City	State	Zip	Phone	Income \$ _____ Per _____
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Spouse Previous Employment	Supervisor's Name	Position/Occupation	Start & End Dates
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Address	City	State	Zip	Phone	Income \$ _____ Per _____
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ADDITIONAL INCOME: Additional Income such as child support, alimony, separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder:

Source: _____ Amount of \$ _____ per _____

CREDIT REFERENCES

Name of Bank or Finance Company	Account No.	Address	City	State	ZIP
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1. _____

2. _____

PERSONAL REFERENCES

Name	Address	Phone	Relationship
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1. _____

2. _____

Family Physician	Address	City	State	Zip	Phone
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In Case of Emergency, Call	Address	City	State	Zip	Phone	Relationship
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1) Automobile, Make	Year	Model	License #	2) Automobile, Make	Year	Model	License #
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Have you ever been evicted from any apartment community? _____ Have you ever filed bankruptcy? _____

Do you smoke? _____ Do you have a waterbed? _____ Do you have renter's insurance? _____

Have you ever been arrested and/or convicted of a Class A or B misdemeanor or a felony? _____ If yes, explain _____

Where

APPLICATION FEE: Received from applicant(s), the sum of \$ _____ dollars in cash to pay for costs incurred for a complete consumer history report on applicant(s). This fee is non-refundable once the inquiry is started and is not part of any charges the rental property may charge. Results will determine qualifications.

I/We declare that all information given in this application is true and correct. I/ We authorize Management to verify and obtain a complete consumer history report, including, but not limited to, credit report, landlord verifications, employment verification, reference verifications and criminal background check, banks or finance companies. I/We authorize all listed references herein to release information required for the completion of this screening to Management and/or ACUTRAQ.

APPLICANT NAME	DATE	SPOUSE NAME	DATE
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