



# RENTAL APPLICATION

For Property at: \_\_\_\_\_ Projected Move-In (if accepted) \_\_\_/\_\_\_/\_\_\_

## 1<sup>st</sup> APPLICANT INFORMATION (Please Print)

|                             |                  |  |
|-----------------------------|------------------|--|
| Name (First, Middle, Last): |                  | SSN: - -   |
| Driver's Lic. State:        | Driver's Lic. #: | Date of Birth: / /   |
| Current Phone: ( )          |                  | Email:   |
| Current address:            |                  | City: State: Zip:  |
| Own Rent (Please circle)    | How long?        | Monthly payment or rent:   |
| Current Landlord's Name:    |                  | Phone: ( )   |
| Why moving?                 |                  | Was notice given? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Previous address:           |                  |  |
| City:                       | State:           | ZIP Code:  |
| Own Rent (Please circle)    | How long?        | Monthly payment or rent:   |
| Previous Landlord's Name:   |                  | Phone: ( )   |
| Reason for moving?          |                  | Was notice given? YES <input type="checkbox"/> NO <input type="checkbox"/> |

## EMPLOYMENT & INCOME INFORMATION

|                      |  |                           |                           |
|----------------------|--|---------------------------|---------------------------|
| Current employer:    |  | Occupation:               |                           |
| Employer address:    |  | How long?                 | Years Months              |
| City:                | State:   | ZIP Code:                 |                           |
| Contact Person:      |  | Phone: ( )                |                           |
| Position:            | Full Time <input type="checkbox"/> Part Time (less than 32 hrs) <input type="checkbox"/> | Gross Income per Month \$ |                           |
| Additional Employer: |  | Position:                 |                           |
| Contact:             | Phone: ( )   | Weekly Hrs                | Gross Income per Month \$ |
| Previous employer:   |  | Occupation:               |                           |
| Contact Person:      | Phone: ( )   | How long?                 | Years Months              |
| Reason for leaving?  |  | Gross Income per Month \$ |                           |

## 2nd APPLICANT INFORMATION

|                             |                  |  |
|-----------------------------|------------------|--|
| Name (First, Middle, Last): |                  | SSN: - -   |
| Driver's Lic. State:        | Driver's Lic. #: | Date of Birth: / /   |
| Current Phone: ( )          |                  | Email:   |
| Current address:            |                  | City: State: Zip:  |
| Own Rent (Please circle)    | How long?        | Monthly payment or rent:   |
| Current Landlord's Name:    |                  | Phone: ( )   |
| Why moving?                 |                  | Was notice given? YES <input type="checkbox"/> NO <input type="checkbox"/> |

## EMPLOYMENT & INCOME INFORMATION

|                      |  |                           |                           |
|----------------------|--|---------------------------|---------------------------|
| Current employer:    |  | Occupation:               |                           |
| Employer address:    |  | How long?                 | Years Months              |
| City:                | State:   | ZIP Code:                 |                           |
| Contact Person:      |  | Phone: ( )                |                           |
| Position:            | Full Time <input type="checkbox"/> Part Time (less than 32 hrs) <input type="checkbox"/> | Gross Income per Month \$ |                           |
| Additional Employer: |  | Position:                 |                           |
| Contact:             | Phone: ( )   | Weekly Hrs                | Gross Income per Month \$ |
| Previous employer:   |  | Occupation:               |                           |
| Contact Person:      | Phone: ( )   | How long?                 | Years Months              |
| Reason for leaving?  |  | Gross Income per Month \$ |                           |

## ADDITIONAL OCCUPANT(S)

|       |       |
|-------|-------|
| Name: | Name: |
| Name: | Name: |
| Name: | Name: |

| PROPOSED PET(S)* |            |                  |              |  |  |  |
|------------------|------------|------------------|--------------|--|--|--|
| Total #:         | Type/Breed | Size (sm-med-lg) | Weight (lbs) | Spayed/Neutered  | Declawed (Cats)  | Shots 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 | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*If pets are approved, an additional Pet Agreement AND \$250.00 non-refundable pet fee is required prior to move-in.

| BACKGROUND INFORMATION                            |                    |  |   |                    |  |
|---|--------------------|--|---|--------------------|--|
| 1 <sup>st</sup> Applicant                         |                    |  | 2 <sup>nd</sup> Applicant                         |                    |  |
| How long you've lived in the area?                | Smoker?            | <input type="checkbox"/> Yes <input type="checkbox"/> No | How long you've lived in the area?                | Smoker?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Length of expected stay?                          | Renters Insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Length of expected stay?                          | Renters Insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever broken a lease?                     |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever broken a lease?                     |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a judgment entered against you? |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had a judgment entered against you? |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a rental security not returned? |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had a rental security not returned? |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been evicted or asked to move?      |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been evicted or asked to move?      |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any history of drug use or offenses?  |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any history of drug use or offenses?  |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony?         |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony?         |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, date:        /        /                   |                    |  | If yes, date:        /        /                   |                    |  |
| Explain conviction:                               |                    |  | Explain conviction:                               |                    |  |
| Explain "yes" answers from above:                 |                    |  | Explain "yes" answers from above:                 |                    |  |

| VEHICLE(S) INFORMATION |      |      |       |       |         |       |       |
|------------------------|------|------|-------|-------|---------|-------|-------|
|                        | Year | Make | Model | Color | Plate # | State | Vin # |
| Vehicle #1             |      |      |       |       |         |       |       |
| Vehicle #2             |      |      |       |       |         |       |       |
| Additional             |      |      |       |       |         |       |       |

List any commercial vehicles, RV's, campers, boats, or motorcycles?

| EMERGENCY CONTACT                       |        |           |        |
|---|--------|-----------|--------|
| Name of a person not residing with you: |        |           |        |
| Address:                                |        |           |        |
| City:                                   | State: | ZIP Code: | Phone: |
| Relationship:                           |        |           |        |

| REFERENCES (Two Required) |          |        |
|---------------------------|----------|--------|
| Name:                     | Address: | Phone: |
| Name:                     | Address: | Phone: |

By signing below, applicant(s) represents that all information in this application is true and complete under Penalty of Perjury. Applicant(s) hereby authorizes a credit and police check, judgment search, and verification of references. Applicant(s) understands that if any information is found to be false or misleading the application fee and all deposit money being held by Landlord will not be returned. Applicant(s) further agrees that Landlord may end the lease immediately if any false information has been provided in this application after move-in.

|                      |                      |
|----------------------|----------------------|
| Applicant Signature: | Applicant Signature: |
|----------------------|----------------------|

**Return this form & non-refundable application fee of \$20 per person (18 or older) to: Sanderson & Associates Real Estate  
2125 E. Main St. Suite 3  
Siloam Springs, AR 72761  
479-524-8600**

Applications cannot be processed until all requested information has been received.  
To speed processing, include the following for everyone 18 years or older:

- Copies of drivers' licenses and vehicle registration.
- Copies of two recent pay stubs, alimony, child support, pension checks, or other income.
- If self employed, a copy of last year's tax return.