

TERRA VISTA APARTMENTS
PH: 501-562-1071 FAX: 501-562-5302

RENTAL APPLICATION

The information collected below will be used to determine if you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you do not, your application may be delayed or rejected.

Please Print Clearly

1. Applicant's Name		2. Social Security No.		3. Home phone ()	
4. Current Street Address		5. City		6. State	
				7. Zip	
8. No. of Years at current address					
9. Do you currently own or rent?		10. Amt. of rent/mortgage pymt: \$			
11. Former Street Address (if at present address for less than 2 years)		12. City		13. State	
				14. Zip Code	
				15. No. of years at former address	
16. Names of other persons in household					
17. Name and address of employer			18. Type of business		19. Self-employed? ___Yes ___No
20. Business phone number ()		21. Position/Title		22. Start Date with this Employer	
				23. Years in this line of work	
24. Name and address of previous employer (if employed at current position less than 2 years)			25. No. Yrs. With Previous Employer		26. Business Phone ()

1. Co-Applicant's Name		2. Social Security No.		3. Home Phone ()	
4. Current Street Address		5. City		6. State	
				7. Zip Code	
8. No. years at current address					
9. Do you currently own or rent?		10. Current rent/mortgage pymt \$			
11. Former Street Address (If at current address For less than 2 years)		12. City		13. State	
				14. Zip Code	
				15. No. of years at Former Address	
16. Name and address of employer			17. Type of Business		18. Self-employed? ___Yes ___No
19. Business phone ()		20. Position/Title		21. Start Date with Employer	
				22. Years in this line of Work	
23. Name and address of previous employer (if employed at present position less than 2 yrs.)			24. No. Yrs with Previous Employer		25. Business phone ()

HOUSEHOLD COMPOSITION

List all persons who will reside in the apartment. List the head of household first and give the relationship of each family member to the head.

	Full Name	Relationship to Head	Marital Status	Birth Date	Age	Social Security No.	Student Status
			Married Single Legal separation				Full-time Parttime None
HEAD							
2							
3							
4							
5							
6							
7							
8							

Applicant or co-applicant hereby certifies he/she has legal custody of minor children at least 6 months of the year. () Yes () No If no, explain _____

Do you anticipate any additions to the household in the next twelve months? () Yes () No
If yes, explain: _____

Does anyone live with you who is not listed above? () Yes () No
If yes, explain _____

Will any of the persons in the household be full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? () Yes () No

If Yes, answer the following questions:

Is any full-time student receiving AFDC or TANF assistance under Title IV of the Social Security Act? () Yes () No
Is any full-time student enrolled in a job-training program receiving assistance under the Job Training Partnership Act ("JTPA"), the Arkansas welfare-to-work program known as Transitional Employment Assistance ("TEA") or under other similar federal, state, or local laws? () Yes () No
Is any full-time student a single parent living with his/her minor child and the parent and child are not dependents of another individual outside the household? () Yes () No
Is any full-time student married and filing a joint tax return? () Yes () No

MONTHLY INCOME

List ALL sources of income. Do not leave any blanks. Write N/A if a section does not apply. List GROSS income before any deductions.

<u>Source</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other Household Members 18 or Older</u>	<u>Total</u>
Salary				
Overtime				
Commissions				
Fees, tips				
Educational				
Financial Assist.				
Bonuses				
Interest and/or Dividends				
Net Income from Business/self-employment				
Trust				
Net Rental Income				
Social Security/SSI/SSDI				
Severance Pay				
Pension/ annuity Retirement Funds				
401K/IRA benefits				
Unemployment Benefits				
Workers Comp. Disability Compensation				
Alimony/Child support/Family Maintenance				
VA Benefits				
Military Pay				
Welfare or Public Assistance				
Recurring Gifts or Contributions				
Lottery Winnings paid periodically				
Other Income (e.g. inheritance):				

Total Gross Annual Income based on the monthly amounts listed above times 12

\$ _____

Do you anticipate any changes in this income in the next 12 months? () Yes () No

If yes, explain _____

ASSETS

Please request an additional form if your number of assets exceeds the spaces on this page. Do not leave any blank spaces. Write N/A if a section does not apply.

Cash on Hand

\$	\$
----	----

Lump Sum Receipts/Lottery Winnings

Bank	Balance\$
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Checking Accounts

No.	Bank	Balance \$
No.	Bank	Balance \$
No.	Bank	Balance \$

Savings Accounts

No.	Bank	Balance \$
No.	Bank	Balance \$
No.	Bank	Balance \$

Trust Accounts

No.	Bank	Balance \$

Certificates of Deposit/Money Market Acct.

No.	Bank	Balance \$
No.	Bank	Balance \$
No.	Bank	Balance \$

Name of Credit Union

Acct. No.	Balance \$
Acct. No.	Balance \$
Acct. No.	Balance \$

Savings Bonds

No.	Maturity Date	Balance \$
No.	Maturity Date	Balance \$
No.	Maturity Date	Balance \$

Life Insurance Policy

No.	Cash Value \$
No.	Cash Value \$

Mutual Funds

Name:	#Shares	Interest or Dividend \$	Value \$
Name:	#Shares	Interest or Dividend \$	Value \$
Name:	#Shares	Interest or Dividend \$	Value \$

Stocks

Name:	#Shares	Dividend Paid \$	Value \$
Name:	#Shares	Dividend Paid \$	Value \$
Name:	#Shares	Dividend Paid \$	Value \$

Bonds

Name:	#Shares	Interest or Dividend \$	Value \$
Name:	#Shares	Interest or Dividend \$	Value \$

IRA/Keogh/401K (please circle applicable acct)

Bank	Balance \$
Bank	Balance \$

Investment Property

	Appraised Value \$
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Do you own any real estate property? () Yes () No

If yes, list type of property
Location of property:
Appraised or Market Value \$
Mortgage or outstanding loan value \$
Amount of annual insurance premium \$
Amount of most recent tax bill \$

Have you disposed of any property in the last 2 years? () Yes () No

If Yes, type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	
Have you disposed of any other assets in the last 2 years? (Example: given away money to relatives, set up Irrevocable Trust Accounts? () Yes () No	
If yes, describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?

Yes No

If yes, please list:

1.
2.
3.
4.
5.

ADDITIONAL INFORMATION

Have you or any member of your household ever been convicted of a felony?

Yes No

If yes, describe _____

_____.

Have you or any member of your household ever been evicted from any housing?

Yes No

If yes, describe _____

_____.

Have you or any member of your household ever filed for bankruptcy? Yes No

If yes, describe _____
_____.

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying:

_____.

REFERENCE INFORMATION

Current Landlord

Name:	
Address:	
Home Phone:	
Business Phone:	
How long?	

Previous Landlord

Name:	
Address:	
Home Phone:	
Business Phone:	
How long?	

Credit Reference #1

Name:	
Address:	
Account #	
Phone #	

Credit Reference #2

Name:	
Address:	
Account #	
Phone #	

Credit Reference #3

Name:	
Address:	
Account #	
Phone #	

Personal Reference #1

Name:	
Address:	
Relationship:	
Phone #	

Personal Reference #2

Name:	
Address:	
Relationship:	
Phone #	

Personal Reference #3

Name:	
Address:	
Relationship:	
Phone #	

In case of emergency notify:

Name:	
Address:	
Relationship:	
Phone #	

VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle		License Plate #	
Year/Make		Color	
Type of Vehicle		License Plate #	
Year/Make		Color	
Type of Vehicle		License Plate #	
Year/Make		Color	

Do you own any pets? () Yes () No

If yes, describe _____

CERTIFICATION/CONSENT

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

SIGNATURES:

(Signature of applicant)

(date)

(Signature of Co-applicant)

(date)
