## **Rental Application**

Landlord: Songbyrd Enterprises LLC P.O Box 166687
Little Rock, Arkansas 72216
This Rental Application is made to rent: 902 W. Short 32 <sup>nd</sup> ST
Little Rock, Arkansas 72206
For a term of 1 YEAR.
Desired Date of Occupancy:  Number of Bedrooms:3 bedrooms 2.5 baths  Reason for Moving:
Rent is 1,600.00 per month
The following deposits are required:
<ul> <li>Security Deposit of \$1,000.00</li> <li>Pet Deposit of \$250.00 for pets occupying premises</li> </ul>
The deposit will not returned to the applicant if the premises are not rented to the applicant.
The total amount of \$1,600.00 shall be due upon signature of the lease.
An application deposit of \$45.00 is due with this application.
The applicant understands and agrees that if this application is accepted and the applicant fails to execute a lease before the beginning date specified above or to pay the required deposits and the first month's rent, the application deposit will be forfeited as liquidated damages.
The applicant understands that the landlord may perform a credit check to verify the applicant's credit references and credit history in connection with the processing of this Rental Application.
Applicant Information
Name:
Number of Occupants: Adults: Children: Waterbed: Yes No

Pets: Yes No		
*No Smoking Unit*		
Present Address:		
How long have you lived at your	present address:	
Home Phone: ()		
Landlord's Name:		
Home Phone: ()		
Current Rent Payment:	<del></del>	
Prior Address:		
How long did you live at your pri	or address:	
Landlord's Name:		
Home Phone: ()		
Current Rent Payment:		
Reason for Moving:		
Social Socueity Number		
Social Security Number:	<del>-</del>	
Driver's License Number:	Vaam	
Vehicle Model:	1 cal.	-
License Number:	Vaam	
Vehicle Model:	1 cal.	-
License Number:		
Source of Income:		
Wages: \$		
Salary: \$		
Commission: \$		
Tips: \$		
Government Assistance: \$		
Child Support/Alimony: \$		
Other: \$		
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## **Current Employer:** Employer: \_\_\_\_\_ How long were you employed there: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_)\_\_\_ Annual Income: **Prior Employer:** Employer: \_\_\_\_\_ How long were you employed there: \_\_\_\_\_ Supervisor: Business Phone: (\_\_\_\_) Annual Income: **Personal References:** Name: Address: Phone: (\_\_\_\_)\_\_\_ Relationship: Name: Address: Phone: (\_\_\_\_)\_\_\_\_ Relationship: **Bank References:** Name: Branch: Account Number: Name: \_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_ Account Number: \_\_\_\_\_\_ **Credit References:** Credit Card Name: Issuing Bank: Account Number: Credit Limit:

Balance Owed:	Monthly Payment:
Expiration Date:	Year Issued:
Credit Card Name:	
Issuing Bank:	
Account Number:	Credit Limit :
	Monthly Payment:
Expiration Date:	Year Issued:
Credit Purchases (e.g., store account) Name:	
Account Number:	Credit Limit:
Balance Owed:	Monthly Payment:
Do you own roal actoto?	
Do you own real estate?	Jain whore
Yes No If yes, please exp	nain where:
Have you ever willfully and intention	* * *
Yes No If yes, please exp	lain:
Are there any circumstances which n Yes No If yes, please exp	nay interrupt your income or ability to pay rent?
Have you ever been convicted of a fe	

Pets:	
Name:	
Type/Breed:	
Size:	
Indoor:	_ Outdoor:
Name:	
Type/Breed:	
Size:	
Indoor:	_ Outdoor:

I represent that the information provided in this application is true and correct to the best of my knowledge. Songbyrd Enterprises LLC is authorized to verify the references and employment information given in this application and to request a credit check.
Applicant's Signature Date
IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES THAT ARE PROTECTED FROM DISCRIMINATION IN HOUSING.
The information provided by the prospective tenant(s) may be used by Songbyrd Enterprises LLC to determine whether to accept this application. Upon written request within 60 days, Songbyrd Enterprises LLC will disclose to the applicant in writing the nature and scope of any investigation Songbyrd Enterprises LLC has requested and will, if the application is refused, state in writing the reason for said refusal.
Accepted: Refused:
By:

P.O Box 166687
Little Rock, Arkansas 72216
Little Rock, Arkansas 12210
Dear Employer:
We are in the process of confirming information provided by a prospective tenant who has provided your name as an employer in connection with a rental application. Please verify the information provided by the tenant by telephone or return the form to me at the above address. My phone number is 5013510628. The best time to reach me is 8-5 pm.
Thank you for your co-operation.
Songbyrd Enterprises LLC

## **Tenant Supplied Information**

Prospective T	enant's Name:		
Position:			
Wage/Salary:		Per:	
Length of tim	e with above emplo	Per:	
this letter is a information re	uthorized to verify tequested in the follo	this information and sowing items. Your res	with a rental application. The addressee of supply the above-named landlord with the sponse is solely a matter of courtesy for or any of your officers.
Prospective T	enant's Signature: _		
	Verific	eation to Be Comple	ted by Employer
Is the employ. Is this employ		orrect: Yes No	
Part-time:	Full-time:	Temporary:	Permanent:
Information p	rovided by:		
Title:	•		Date:

P.O Box 166687 Little Rock, Arkansas 72216
Dear Sir or Madam:
Please verify the bank account information provided in connection with a rental application by the prospective tenant named on the following page. You may return the form to me at the above address.
Thank you for your co-operation.
Songbyrd Enterprises LLC

## **Tenant Supplied Information**

Name of Prospective Tenant(s):			
Address:			
Type of Account: Checking: Account Number:	_ Savings:	Other:Balance: \$	
Type of Account: Checking:	_ Savings:	Other: Balance: \$	
I have completed the above informathis letter is authorized to verify this information requested in the follow which no responsibility is attached	s information ing items. Yo	and supply the above-name ur response is solely a matt	ed landlord with the er of courtesy for
Signature of Account Holder Signa	ture of Accou	ınt Holder	
Verific	ation to Be (	Completed by Bank	
Type of Account: Checking: Account Number: Average Balance for Previous Two Date Account Opened:	Savings:	Other:Balance: \$	_
Type of Account: Checking: Account Number: Average Balance for Previous Two Date Account Opened:	Savings:	Other: Balance \$	-
Signature:		Date:	_

PLEASE RETURN THIS FORM TO THE LANDLORD.