

PO BOX 2482 ALMA, AR 72921 479-262-6351 www.Haywood.Properties

RENTAL APPLICATION

Applicant:	
Name:	Date of Birth:
Social Security Number:	
Current Address:	
Daytime Phone #:	
E-mail Address:	
Co-Applicant:	
Name:	Date of Birth:
Social Security Number:	
Other Household Members:	
Name:	Date of Birth:
Social Security Number:	
Name:	Date of Birth:
Social Security Number:	
Name:	Date of Birth:
Social Security Number:	DL Number:
Do you have other mobile numbers where you ca If yes, please list numbers:	
<u>Prior Landlords:</u> (Minimum 3 Years History)	
Name:	Phone Number:
Address where you lived:	
Address of Landlord:	
Years at this residence:	Amount of Rent:

Name:	Phone Number:	
Address where you lived:		
Address of Landlord:		
Years at this residence:	Amount of Rent:	
Name:	Phone Number:	
Address of Landlord:		
Years at this residence:	Amount of Rent:	
Credit References:		
Name:	Account Number:	
Address:		
Phone number:	Type of Account:	
Payment Amount:	Balance:	
Name:	Account Number:	
Address:		
Phone number:	Type of Account:	
Payment Amount:	Balance:	
Name:	Account Number:	
Address:		
Phone number:	Type of Account:	
Payment Amount:		
Personal References: (These are	e people you have known at least 2 years, and are not related)	
Name:	Phone Number:	
Address:		
	Occupation:	
Name:	Phone Number:	
Address:		
Years Known:	Occupation:	

Name:		Phone Num	ber:		
Years Known:	Occupation:				
Source of Income:	(5-year history)				
Place of ampleyments	name:				
Place of employment:	Houre no	r week:	Time on Joh		
Name of Supervisor of	Tiouis pe or Manager	1 WCCK.	_ 1 iiiie oii 300		
Phone Number:	Hours per week: Time on Job: r Manager: Address:				
Household Member's	name:				
Place of employment:					
Hourly Wages:	Hours pe	r week:	Time on Job:		
Name of Supervisor of	or manager:				
Phone Number:	Addi	ress:			
Additional histor	y can be added on se	eparate sheet of po	aper or on backside of this page.		
A 11'2' 1TT 1 1	1 T				
Additional Household		Diaghility/CO	CI C Other C		
Cilia Support \$	Allinony \$	Disability/Si	SI \$Other \$		
Vehicles:					
Vehicle 1: Year	Make	Model	Plate Number		
			Plate Number		
Additional Information					
			victed of a felony? Yes or No		
If Yes, Please Explain	1:				
Agreement:					
Applicant and Co-	-Applicant hereby at	test that all inform	nation provided herein is true and		
			ences and information therein.		
	_				
Print Name of Applic	ant:				
Applicants Signature	:		Date:		
Print Name of Co-Ap	plicant:				
Co-Applicants Signa					
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To be submitted with Application:

- Copy of credit report less than 3 months old you can get this at

 www.annualcreditreport.com at no cost once a year
- **Copy** of Valid Driver's licenses for all adult occupants
- Last two paycheck stubs

*We **<u>DO NOT</u>** accept any **Renters Assistants programs** (such as **HUD** or **ERC**)