



RENTAL APPLICATION



11420 Bass Pro Parkway, Little Rock, AR 72209 * P: 501.260.7710

GatewayWoods@engagemanagement.com

We do not discriminate on the basis of race, color, creed, religion, sex, gender, sexual orientation, national origin, disability, or family status.

A \$ 30 non-refundable application fee is required for investigation.

Instructions: A separate application must be filled out by each applicant. Completely fill out each blank and sign where indicated.

PERSONAL

FULL NAME _____ DATE SUBMITTED ____/____/____ PHONE (____) ____-____
BIRTH DATE ____/____/____ SS# ____-____-____ CO-APPLICANT NAME _____ RELATIONSHIP _____
EMAIL ADDRESS _____ DRIVERS LICENSE# _____ STATE ISSUED BY _____
MARITAL STATUS: ☐ Single ☐ Married since (date) ____/____/____ ☐ Divorced since (date) ____/____/____ Former Spouse _____

RENTAL INFORMATION

POTENTIAL MOVE-IN DATE ____/____/____ IS THERE A SPECIFIC RENTAL COMMUNITY YOU'RE INTERESTED IN? ☐ Yes ☐ No
IF Yes, Which Community: _____ NUMBER OF BEDROOMS NEEDED _____ NUMBER OF BATHROOMS _____
DESIRED MONTHLY RENTAL RATE \$ _____.00 OTHER PREFERRED AMENITIES _____

ADDRESSES

Current Address _____ City/State/Zip _____ Since ____/____/____ Rent/Month \$ _____.00
Owner/Management _____ Contact _____ Phone (____) ____-____ Is present rent up to date? ☐ Yes ☐ No
Reason for Leaving _____ Have you given notice? ☐ Yes ☐ No Have you been asked to leave? ☐ Yes ☐ No

Previous Address (if within 3yrs) _____ City/State/Zip _____ Dates ____/____/____ to ____/____/____
Previous Owner/Management Co _____ Contact _____ Phone (____) ____-____ Rent/Month \$ _____.00
Reason for Leaving _____ Did you give notice? ☐ Yes ☐ No Were you asked to leave? ☐ Yes ☐ No

OCCUPANTS

TOTAL NUMBER OF OCCUPANTS _____	NAME	RELATIONSHIP	BIRTH DATE

PETS: ☐ Yes ☐ No If yes, give details (number, type/breed & size/weight): _____

CARS

VEHICLE #1 ____/____/____ Make Model Year Color License Plate #1 _____ State _____
VEHICLE #2 ____/____/____ Make Model Year Color License Plate #2 _____ State _____

EMPLOYMENT

CURRENT EMPLOYER _____ Dates Employed ____/____/____ - ____/____/____ Street/City _____
Position _____ Supervisor _____ Work Hours _____ Phone (____) ____-____ Fax (____) ____-____

PREVIOUS EMPLOYER _____ Dates Employed ____/____/____ - ____/____/____ Street/City _____
Position _____ Supervisor _____ Work Hours _____ Phone (____) ____-____ Fax (____) ____-____

INCOME

Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____
Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____
Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____

1. Bank/Credit Union _____ Acct.# _____
2. Bank/Credit Union _____ Acct.# _____



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REFERENCE

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____
NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____
EMERGENCY CONTACT _____ Phone (____) _____ - _____ How you are acquainted _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s)

CREDITORS NAME	ADDRESS/PHONE	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	☐ Yes ☐ No
_____	_____	_____	\$ _____	☐ Yes ☐ No
_____	_____	_____	\$ _____	☐ Yes ☐ No
_____	_____	_____	\$ _____	☐ Yes ☐ No
_____	_____	_____	\$ _____	☐ Yes ☐ No

Has any signer ever been sued for bills? ☐ Yes ☐ No
Has any signer ever filed bankruptcy? ☐ Yes ☐ No
Has any signer ever broken a lease? ☐ Yes ☐ No
Has any signer ever been sued for eviction? ☐ Yes ☐ No
Has any signer ever been guilty of a felony? ☐ Yes ☐ No
Is the total move-in amount available now (rent and deposit)? ☐ Yes ☐ No

Name which company your utilities are now billed and account number _____ # _____

Explain any "YES" answers here (include names and details) _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT

_____/_____/_____
DATE

DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE COMPLETED BY MANAGEMENT

DATE RECEIVED ____/____/____ DATE PROCESSED ____/____/____ AGENT _____ UNIT APPLIED FOR: _____

EMPLOYMENT VERIFICATION

EMPLOYMENT DATES VERIFIED ☐ Yes ☐ No

MONTHLY INCOME VERIFIED ☐ Yes ☐ No

SPOKE WITH _____ DATE ____/____/____

NOTES: _____

RESIDENCY VERIFICATION

RESIDENCY DATES VERIFIED ☐ Yes ☐ No

MONTHLY RENTAL AMT VERIFIED ☐ Yes ☐ No

SPOKE WITH _____ DATE ____/____/____

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

APPROVED ☐ Yes ☐ No If No, explain _____

TENANT NOTIFIED ☐ Yes ☐ No THEY ACCEPTED ☐ Yes ☐ No If No, explain _____

DEPOSIT \$ _____.00 PAID ☐ Yes ☐ No DATE ____/____/____ RENT AMT \$ _____.00 LEASE TERM ☐ 6Mo ☐ 12Mo ☐ Other ____ Mo

PRORATE ☐ Yes ☐ No AMT \$ _____.00 MOVE-IN DATE ____/____/____ LEASE EXPIRES ____/____/____ KEYS ____FD ____MB ____SC

PET ☐ Yes ☐ No #PETS ____ PET DEPOSIT AMT \$ _____.00 PAID ☐ Yes ☐ No DATE ____/____/____ PET NOTES _____

UTILITIES PAID BY TENANT Gas ☐ Electric ☐ Water ☐ SHUT OFF SCHEDULED ☐ Yes ☐ No SHUT OFF DATE ____/____/____