

RichSmith Management, LLC 9800 Maumelle Blvd. | N. Little Rock, AR 72113 501.492.8147 | ECC@RichSmithdev.com

## **RENTAL APPLICATION**

How did you hear about u	s?			
TELL US ABOUT YOURSI	ELF!			
PRIMARY APPLICANT INFOR	MATION			
FIRST NAME	MIDDLE NAME	LAST NAME		DATE OF BIRTH
PHONE NUMBER	<u>EMAIL</u>			
CURRENT ADDRESS	-	CITY	STATE	ZIP
SOCIAL SERCURITY #	DRIVER	R'S LICENSE #	STATE ISSUED	PLEASE PROVIDE A COPY OF YOUR
PREFERRED METHOD OF CONTA		WHEN WOULD YOU LIKE TO MOVE IN?		
☐ PHONE ☐ EMAIL	□ вотн			YOUR APPLICATION
SECONDARY APPLICANT INF	ORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME		DATE OF BIRTH
PHONE NUMBER	<u>EMAIL</u>			
CURRENT ADDRESS		CITY	STATE	ZIP
SOCIAL SERCURITY #	DRIVER	R'S LICENSE #	STATE ISSUED	PLEASE PROVIDE
PREFERRED METHOD OF CONTA	 <u>CT</u>			A COPY OF YOUR DRIVER'S LICENSE WITH
☐ PHONE ☐ EMAIL	□ вотн			YOUR APPLICATION
ADDITIONAL OCCUPAN	TS			
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF E	BIRTH RELATIONSHIP

RESIDENTAL HISTORY IN REGARD TO THE CURRENT ADD	DRESS LISTED ABOVE:					
☐ RENT ☐ OWN ☐ OTHER —						
MONTHLY RENT/MORTGAGE RE			REASON FOR MOVING?			
\$ LANDLORD INFORMATION (IF APPLIA						
LANDLORD NAME/COMPANY	•	LANDLORD EN	1AIL			
IF ADDRESS ABOVE IS LESS THAN	2 YEARS PLEASE COMPLET	E THIS SECTIO	N AS WEL	 L:		
PREVIOUS ADDRESS	CITY		STATE	ZIP		
☐ RENT ☐ OWN ☐ OTHER -	EXPLAIN:					
	RESIDENT HOW LONG?		REASON FOR MOVING?			
\$ LANDLORD INFORMATION (IF APPLIA						
LANDLORD NAME/COMPANY	•	LANDLORD EN	ANDLORD EMAIL			
HOUSEHOLD INCOME						
PRIMARY APPLICANT INCOME IN	FORMATION					
EMPLOYER/COMPANY		OYER'S PHONE #				
EMPLOYER'S ADDRESS	CITY		STATE	ZIP		
POSITION/OCCUPATION	START DATE	END DATE	_	MONTHLY SALARY		
SECONDARY APPLICANT INCOME	INFORMATION					
EMPLOYER/COMPANY		OYER'S PHONE #				
EMPLOYER'S ADDRESS	CITY		STATE	ZIP		
POSITION/OCCUPATION	START DATE	END DATE		MONTHLY SALARY		
ANY OTHER SOURCE OF INCOM	ME YOU WOULD I TKE TO	BE CONSIDER	ED FOR	THIS APPLICATION?		
SOURCE (Ex: Rental Income, Benefits of any t		AMOUNT		FREQUENCY		
				_		

PLEASE LIST ALL VEHICLES						
YEAR MAKE	MODEL	COLOR	LICENSE PLATE#	STATE		
EMERGENCY CONTACT						
PRIMARY CONTACT NAME	PHONE#		RELATIONSHIP			
In case of serious illness, accident or death	n, is this person authoriz	ed to enter your hom	e? 🗌 YES 🔲 I	NO		
SECONDARY CONTACT NAME	PHONE#		RELATIONSHIP			
In case of serious illness, accident or death	ı, is this person authoriz	ed to enter your hom	e? 🗌 YES 🔲 I	NO		
BACKGROUND INFORMATION						
Have you, your co-applicant, or any occupant listed in this Application ever been evicted from a place of residence or left						
owing money?   YES   NO Please explain:						
	1 12 1 - 4 to Alata Applica	· · · · · · · · · · · · · · · · · · ·				
Have you, your co-applicant, or any occupa				y crimes?		
YES NO Please explain:						
Do you, your co-applicant, or any occupant	t listed in this Applicatio	n have any criminal/d	rug related charges curre	ntly		
pending against you?   YES NO Please explain:						
PETS WELCOME						
Do you, your co-applicant, or any occupant listed in this Application have a pet? $\Box$ YES $\Box$ NO If yes, please describe the following:						
TYPE: GEN	DER:	BREED:				
COLOR: AGE			1E:	_		

Pets are welcome, we do however enforce a pet policy. No restricted breeds are allowed, including Doberman, Rottweiler, Pit Bull, Staffordshire Terrier, Akita, and any mix of these breeds. A Pet Fee of \$300 per animal that is less than 15 lbs. and a \$500 fee per animal that is over 15 lbs. This is a non-refundable Pet Fee. Please contact our office for complete details.

I/We hereby affirm that all information provided within this Rental Application is true and correct to the best of my knowledge. I/We acknowledge that RichSmith Management, LLC, its agents, and/or employees will rely on the accuracy of this information in considering this Rental Application. Furthermore, I/we grant RichSmith Management, LLC, its agents, and/or employees the unconditional right to cancel the Rental Agreement and initiate eviction should any of the foregoing information be proved to be false.

information within this Rental Application.

SIGNATURE OF APPLICANT

SIGNATURE OF CO – APPLICANT

PRINT NAME

PRINT NAME

I/We hereby authorize and direct any Federal, State or local agency, organization, business, or individual to verify the

RichSmith Management operates in accordance with all Fair Housing Laws and is an Equal Opportunity Housing provider.

DATE

	FOR OFFIC	E USE ONLY			
Applicant has submitted an Application Fee, in the amount \$50, which is a non – refundable payment for a					
credit check and other charges associated with the processing of this Rental Application. No portion of the application					
fee will be applied to the Security Deposit,	Rent, or other char	ges.			
Applicant has submitted a Security Deposit in the amount of \$ for the purpose of reserving the home located at Applicant will have forty-eight (48) hours after the approval of the Rental Application to cancel the reservation of the home without penalty. Cancellation after forty-eight (48) hours will result in the forfeiture of the entire amount of the deposit. The Security Deposit is not an advance payment of rent or other charges.					
RENTAL HOME ADDRESS		RENT AMOUNT \$			
			VE IN DATE		
DATE APPLICATION WAS RECEVIED _					
APPLICATION HAS BEEN:	☐ APPROVED	☐ DENIED	□с	ANCELLED	
APPLICANT HAS BEEN NOTIFIED OF S COMMENTS			☐ PHONE	☐ EMAIL	

DATE