



Griffin

610 Towson Avenue, Post Office Box 2207
Fort Smith, AR 72902
479-783-5191 Phone 479-783-8397 Fax

Rental Application

For Office Use			
Desired Date of Occupancy: _____	Date Application Rec'd: _____	Time Rec'd: _____	Rec'd By: _____
Property/Phase: _____	Apartment #: _____	Style: _____	Rent: \$ _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE TELL US ABOUT YOURSELF:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Date of birth</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____

Married
 Never Married
 Widowed
 Divorced
 Separated
 Legally Separated
 Maiden Name _____

PLEASE LIST OTHER OCCUPANTS AND THEIR RELATIONSHIP TO YOU:

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Date of birth</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you or any other household member have any pets? Yes No If yes, please describe: Height _____ Weight _____ Type _____ Color _____

Have your or any other household member ever broken a lease or been evicted from an apartment? Yes No If yes, explain: _____

Have you or any other household member ever been convicted of a drug related crime? Yes No If yes, explain: _____

Have you or any other household member ever been convicted of a felony? Yes No If yes, has it been within the last 5 years? Yes No

PLEASE TELL US ABOUT YOUR PAST 2 YEARS RESIDENCE HISTORY, BEGINNING WITH MOST CURRENT ADDRESS:

Current Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Name of Management or Owner: _____ Phone #: _____ Fax #: _____

Manager's Address: _____ City: _____ State: _____ Zip Code: _____

Month and year moved in? _____ Monthly Rent? \$ _____ Reason for leaving? _____

Previous address:

Street: _____ City: _____ State: _____ Zip Code: _____

Name of Management or Owner: _____ Phone #: _____ Fax #: _____

Manager's Address: _____ City: _____ State: _____ Zip Code: _____

Month and year moved in? _____ Monthly Rent? \$ _____ Reason for leaving? _____

PLEASE TELL US ABOUT YOUR AUTOMOBILE:

<u>Year of Automobile</u>	<u>Make / Model</u>	<u>Color</u>	<u>License Plate Number</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY INFORMATION: In Case of Emergency, Please Notify:

Name: _____ Phone: _____
Street: _____ City: _____ State: _____ Zip Code: _____
In case of a serious illness, accident or death is this person authorized to enter and remove all of resident's property? YES NO

PLEASE LIST ALL EMPLOYMENT INCOME OF EVERY HOUSEHOLD MEMBER:

<u>Household Member</u>	<u>Employer/Address</u>	<u>Supervisor/Phone</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Management and/or its agents have any questions about this application, please give PHONE NUMBERS where you can be reached:
Phone: Day _____ Night _____ Cell Phone: _____ Pager: _____
E-Mail Address: _____

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

_____	_____	_____	_____
Applicant's Signature	Date	Co-Applicant's Signature	Date