

Full Circle Properties
Rental Application
308 E. 7th Street, Mountain Home, AR
(870)425-2840 * fax (866)800-6579

\$20.00 Non-Refundable fee is required for processing (fee paid _____)

Agency Disclosure: Applicant(s) acknowledges that Full Circle Properties and all licensees associated with Full Circle Properties are the exclusive agents of the owner/landlord and that it is the owner/landlord who employed them, whom they represent and the agents primary duty is to promote the interests of the owner/landlord. Applicant acknowledges that before eliciting or receiving information from the applicant(s), the firm verbally disclosed that the managing firm represents the owner/landlord.

Applicant signature

Applicant signature

PERSONAL

Applicant _____
Drivers license # _____ ; State issued by _____
SS# _____ ; Birth date _____ ;
Spouse name _____ ; Birth date _____ ; SS# _____

ADDRESSES

EMAIL: _____

Present address _____ City/State/Zip _____
Since _____ ; Rent/month _____ ; Present Phone (____) _____
Present Landlord _____ Address _____ City/State/Zip _____
Landlords Phone (____) _____ ; Is present rent up to date? __yes __no;
Have you given notice __yes __no; Having you been asked to leave or evicted? __yes __no;
Previous Address _____ City/ State/Zip _____
Since _____ ; Rent/month _____ ; Previous Phone (____) _____
Previous Landlord _____ ; Address _____ City/State/Zip _____
Landlords Phone (____) _____ ; Was rent up to date? __yes __no;
Had you given notice __yes __no; Had you been asked to leave or evicted? __yes __no;

OCCUPANTS

Number to occupy _____

Names and ages of occupants: _____

PETS

In the event the landlord agrees to allow pets on the property; A \$200 non-refundable pet deposit is required for one pet only. Additional deposit may be required if landlord agrees to more than one pet.

Pets ___yes ___no; If yes, give details (number, size, type, age and description) _____

Do any members of your household smoke? _____ If so how many? _____

VEHICLES

Make/Model/Color #1 _____	State & License Plate # _____
Lien Holder _____	Primary Driver _____
Make/Model/Color #2 _____	State & License Plate # _____
Lien Holder _____	Primary Driver _____

EMPLOYMENT

Employer _____; Date Hired; _____; Type of Work _____
Address _____; City/State/Zip _____
Supervisor _____; Work Hours _____; Employer Phone (____) _____

Spouses Employer _____; Date Hired; _____; Type of Work _____
Address _____; City/State/Zip _____
Supervisor _____; Work Hours _____; Employer Phone (____) _____

Applicants Previous Employer _____; Date Hired; _____;
Type of Work _____
Address _____; City/State/Zip _____
Supervisor _____; Work Hours _____ Employer Phone (____) _____

INCOME

Current Income \$ _____ weekly/monthly/yearly; Source _____
Current Income \$ _____ weekly/monthly/yearly; Source _____
Current Income \$ _____ weekly/monthly/yearly; Source _____
Bank/Credit Union _____ Savings__ Checking__
Bank/Credit Union _____ Savings__ Checking__

REFERENCES

Relative _____; Relation _____;
Address _____; City/State/Zip _____; Phone (____) _____
Non-Relative Reference _____
Address _____; City/State/Zip _____; Phone (____) _____
Emergency Contact _____; Phone (____) _____

CREDIT

Credit Accounts Currently Open: Include Bank loans and anything that may not report to Credit Bureaus

CREDITORS NAME	ADDRESS	PAYMENT	CURRENT
_____	_____	\$ _____	__ yes __no
_____	_____	\$ _____	__ yes __no
_____	_____	\$ _____	__ yes __no
_____	_____	\$ _____	__ yes __no

IMPORTANT: Explain any “YES” answers to the following questions on back with names & details.

Has any occupant ever been sued for bills or been bankrupt? yes/no

Has any occupant been convicted of a felony? yes/no

Has any occupant ever been sued for eviction? yes/no

Has any occupant ever broken a lease? yes/no

Name in which utilities are now billed and account numbers _____ # _____

PHOTO ID MUST BE PRESENTED AT TIME OF APPLICATION

PAY STUBS OR INCOME VERIFICATION FROM EMPLOYER MUST BE PROVIDED

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 my 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.

****ANY DEPOSITS APPLIED TO HOLD A RENTAL UNIT IS NON-REFUNDABLE IN THE EVENT THE APPLICANT CHOOSES NOT TO RENT THE UNIT REGARDLESS WHETHER THE LEASE PROCESS HAS BEGUN.**

MANAGEMENT CANNOT HOLD PROPERTIES FOR MORE THAN 30 DAYS.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY:

APPROVED ___ PHOTO ID'S COPIED _____

REJECTED ___ IF REJECTED PLEASE GIVE DETAILED REASONS