

Community Name	Manager/Agent	Prorated Rent	
Address	Apt Number		
Move-in Date	Lease Term	Rent	Pet
Credit Report Date	Approved	Declined	

**Applicant Information**

Mr.    Mrs.    Ms

First Name	Last Name	Middle Initial
Driver's License #	State Issued	Applicant Contact Number
Date of Birth	Social Security #	
Marital Status	Email	

**Current Address (Last 3 years of previous addresses MUST be provided)**

Street	Apt. Number		
City	State      Zip		
Home Phone	Mobile/Other Number		
Rent or Own	Current Monthly Payment	<b>Landlord Name and Phone Number</b> <b><u>THIS CAN NOT BE LEFT BLANK</u></b>	How long at address?

**Former Address**

Street	Apt. Number		
City	State      Zip		
Home Phone	Mobile/Other Number		
Rent or Own	Current Monthly Payment	<b>Landlord Name and Phone Number</b> <b><u>THIS CAN NOT BE LEFT BLANK</u></b>	How long at address?

**Co-Applicant Information**

First Name	Last Name	Middle Initial
Driver's License #	State Issued	Contact Phone Number
Date of Birth	Social Security #	
Current Employer	Supervisor's Name	Supervisor's Phone

**Current Address (Last 3 years of previous addresses MUST be provided)**

Street	Apt. Number		
City	State      Zip		
Home Phone	Mobile/Other Number		
Rent or Own	Current Monthly Payment	<b>Landlord Name and Phone Number</b> <b><u>THIS CAN NOT BE LEFT BLANK</u></b>	How long at address?

Address	City	State	Zip	Work Phone
---------	------	-------	-----	------------

Your Position/Title <b>Former Address</b>	Time worked here?	Gross Monthly Income	
Street			Apt. Number
City	State	Zip	
Home Phone	Mobile/Other Number		
Rent or Own	Current Monthly Payment	<b>Landlord Name and Phone Number</b> <b><u>THIS CAN NOT BE LEFT BLANK</u></b>	How long at address?

### Employment

Current Employer	Supervisor's Name		Supervisor's Phone
Address	City	State	Zip
Work Phone			
Your Position/Title	Time worked here?	<b>Gross Monthly Income</b>	Additional Income – child support, alimony, or other maintenance income you want included for qualification

**Pets**    Yes    No *(If you get a pet anytime after moving into your apartment home, you must notify the manager)*

What kind?	Weight	Breed	Age
What kind?	Weight	Breed	Age

### Your Rental/Criminal History *(You represent the answer is no by leaving any of the check boxes in this section blank)*

Have you ever been evicted?    Yes    No      Have you ever been sued fro property damage?    Yes    No  
 Have you ever been sued for rent?    Yes    No      Have you ever broken a lease?    Yes    No

Have you ever been convicted, plead guilty, no contest, received probation, deferred adjudication, court ordered supervision, or pre-trial diversion for a felony, sex related crime, or misdemeanor assault against another person?

If yes please explain: \_\_\_\_\_

### ALL Other Occupants *(list names of all person under 18 who will occupy the unit. All occupants over 18 must complete a separate application)*

First Name	Last Name	Relationship	Date of Birth	Social Security #
First Name	Last Name	Relationship	Date of Birth	Social Security #
First Name	Last Name	Relationship	Date of Birth	Social Security #

### Emergency Information *(Emergency contact person over 18 not living with you.)*

First Name	Last Name	Middle Initial	Relationship to you
Street	Apt #		
City	State	Zip	
Home Phone	Other Phone	Email	

### Other Information

How did you first learn of this community? If it is a resident that lives here, you must list the name at the time you are filling out the application for them to get the referral fee.

---

### Vehicle Information *(list all vehicles to be parked by you, your spouse, or other occupant)*

Year	Make/Model of Vehicle	Color	License #	State
Year	Make/Model of Vehicle	Color	License #	State
Year	Make/Model of Vehicle	Color	License #	State



To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LANDLORD REFERENCE FORM

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

The Applicant named above has indicated they rented property from you located at:

\_\_\_\_\_

Would you please fill out this request for information as part of our screening process?

Amount of rent: \_\_\_\_\_ Dates of tenancy \_\_\_\_\_ to \_\_\_\_\_

Was tenant prompt in paying rent? \_\_\_\_\_ Amount owed for unpaid rent: \_\_\_\_\_

Do they owe you for any damages? \_\_\_\_\_ How much? \_\_\_\_\_

Did they keep the unit clean and in good shape? \_\_\_\_\_

Did the tenant collect and maintain their garbage properly? \_\_\_\_\_

Did they take care of the outside grounds on a regular basis? \_\_\_\_\_

Did the tenants or their guests damage your property? \_\_\_\_\_ If so,

\_\_\_\_\_

Was there evidence of infestation by roaches or other pests? \_\_\_\_\_

Were there unauthorized persons living in the unit that you are aware of? \_\_\_\_\_

If yes, their names: \_\_\_\_\_

Did the tenants or their guests cause any disturbances or problems affecting other tenants or neighbors? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Your overall recommendation of the tenant(s) would be:

EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

Other Comments: \_\_\_\_\_

Would you rent to him/her again? \_\_\_\_\_

Thank you very much for your cooperation in this matter.

**Please return this form to the Fax number 479-637-3403**

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HEREBY AUTHORIZE RELEASE OF THE ABOVE INFORMATION TO Winchester Estates.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Attention: \_\_\_\_\_ From Winchester Estates Apt. 637-4070 fax 637-3403

**EMPLOYMENT VERIFICATION**

---

The individual signed below has submitted an application to Winchester Estates. Please provide the information requested and fax this form back to our office at 479-637-3403. If you have any questions, please call us at 479-637-4073.

Thank you for your prompt response.

Name of applicant \_\_\_\_\_

I hereby authorize release of the information requested below.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(to be completed by employer)	
Dates of Employment: _____ through _____	
Salary or average gross wages \$ _____ per _____ (year, week, month)	
Is employment permanent? Yes ___ No ___	
_____	_____
Date	Signature
	_____
	Title/Department
	_____
	Company