



SENOJ PROPERTIES INC.

1818 North Taylor Street #209

Little Rock, AR 72207

OFFICE 501-779-4584; FAX 501-421-6171

info@senojproperties.com

RESIDENTIAL RENTAL APPLICATION

Landlord

Landlord Name: Senoj Properties Inc.

Address: 1818 N. Taylor St. #209

Phone: (501) 779-4584

Rental Property Information

Rental Property Address:

The term of the lease will be periodically renewing on a year-to-year basis starting on

Possession Date:

Monthly Rent Payment: \$

Initial Security Deposit: \$

Applicants' Personal Information

Applicant's Name:

Home Phone: (_____) _____ Alternative Phone: (_____) _____

Email Address (Optional): _____ Date of Birth: _____

Applicant's Social Security Number: _____

Second Applicant's Name:

Second Applicant's Date of Birth:

Second Applicant's Social Security Number: _____

Third Applicant's Name:

Third Applicant's Date of Birth:

Third Applicant's Social Security Number: _____

Name(s) of Dependent(s):

Date(s) of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have a pet? Yes / No If more than one, how many? _____

Please describe type(s) of pet(s):

Residential History

Present Address:

City: _____

State: _____

ZIP Code: _____ How long at this address?

Landlord / Lessor: _____ Phone: (_____) _____

Previous Address 1:

City: _____

State: _____

ZIP Code: _____ How long at this address?

Landlord / Lessor: _____ Phone: (_____) _____

Previous Address 2:

City: _____

State: _____

ZIP Code: _____ How long at this address?

Landlord / Lessor: _____ Phone: (_____) _____

Details of Employment

Employer: _____

Position: _____ Date Hired: _____

Supervisor's Name: _____ Phone: (_____) _____

Salary: _____

(If employed less than one year with present employer, please provide previous employer.)

Employer: _____

Position: _____ Date Hired: _____

Supervisor's Name: _____ Phone: (_____) _____

Salary: _____

Other Sources of Income

Do you receive income from any of the following sources? Yes / No

Student Loans _____ Pension Benefits _____ Social Assistance _____ Other _____

Please provide contact persons who could verify the amount of additional income you receive:

Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Parking stall required? Yes / No Additional stall required? Yes / No (Subject to availability)

Banking Information

Banking Institution: _____

Address: _____ Phone: (_____) _____

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____

Address: _____ Phone: (_____) _____

References

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Emergency Contact

Name: _____

Relationship: _____ Phone: (_____) _____

Criminal & Credit Background Check Authorization

Is there anything negative that we may find in our criminal or credit background check that you want to comment on?

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application; and (b) perform a credit and/or criminal check to assess my suitability as a tenant/lessee.

Applicant's Signature _____ Date _____
