



# BROOKHAVEN

## A PLANNED NEIGHBORHOOD

1127 Brookhaven Court, Springdale, AR. 72764

Phone: (479) 927-9901

Fax: (479) 927-9966

**PLEASE TELL US ABOUT YOURSELF:**

First Name                      MI                      Last Name                      Date of birth                      Social Security #

\_\_\_\_\_  
\_\_\_\_\_

Have you 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 LIST OTHER OCCUPANTS AND THEIR RELATIONSHIP TO YOU:**

First Name                      MI                      Last Name                      Relationship                      Date of birth                      Social Security #

\_\_\_\_\_  
\_\_\_\_\_

**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? \_\_\_\_\_

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

Drivers License # \_\_\_\_\_ State of Issue \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR AUTOMOBILE:**

Year of Automobile                      Make / Model                      Color                      License Plate Number                      State

\_\_\_\_\_  
\_\_\_\_\_

**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

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 \_\_\_\_\_ Pager: \_\_\_\_\_

**PLEASE LIST ALL EMPLOYMENT INCOME OF EVERY HOUSEHOLD MEMBER:**

<u>Member</u>	<u>Earnings per year</u>	<u>Employer/Address</u>	<u>Supervisor / Phone Date Started:</u>

**CREDIT/CRIMINAL AND REFERENCE:** I HEREBY CONSENT TO ALLOW owner and its designated agents and employees, to obtain a consumer credit report and criminal record information for the purpose of determining whether to lease an apartment to me. I also agree and understand that Owner and its agents and employees may obtain additional consumer credit reports and criminal records reports were requested and the names and address of any consumer reporting agency that provided such reports.

**INSURANCE:** Owner and Agent carry NO insurance on the personal property of tenants. It is recommended that you obtain insurance coverage.

**HANDICAPPED ACCESSIBILITY:** Owner will provide a handicapped accessible or adaptable apartment for residents who require them. If it is not feasible for structural reasons to provide an accessible or adaptable apartment, Owner will make such adaptations as are reasonable to improve the accessibility of the apartment.

**VERIFICATION:** I represent that all of the information in this Rental Application is true and accurate to the best of my knowledge, and I acknowledge that Brookhaven Apartments LLC, will rely on this information in considering this application. Furthermore, in the event that Brookhaven Apartments LLC, determines that any of the foregoing information is false, I waive any right that I may have under applicable law to notice or the establishment of grounds for eviction and grant Brookhaven Apartments LLC the unconditional right to cancel my lease and immediately cause my eviction without prior notice or the establishment of grounds for eviction.

**ADMINISTRATIVE FEE:** All money deposited with this application will be held as a reconditioning fee. This fee will not be refunded if Agent approves Applicant's credit and references and Applicant decides not to rent the apartment reserved for Applicant. All of the reconditioning fee will be refunded if Agent does not approve Applicant's credit or references.

**COMMUNITY DIRECTOR AND STAFF REPRESENT OWNER:** applicant(s) agree and understand that the Community Director and all staff and employees of Owner represent the Owner exclusively in the apartment application and leasing process. Applicant(s) further understand that they may, at their own expense, select an agent or agents to represent them in the apartment application and leasing process.

**APPLICATION FEE:** Money Order only

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

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature Date Co-Applicant's Signature Date

**HOW DID YOU HEAR ABOUT US?**

**For Office Use**

**Desired Date of Occupancy:** \_\_\_\_\_ **Date Application Rec'd:** \_\_\_\_\_ **Time Rec'd:** \_\_\_\_\_

**Rec'd By:** \_\_\_\_\_ **Application Fee:** \_\_\_\_\_ **Apartment #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Style:** \_\_\_\_\_ **Rent: \$** \_\_\_\_\_