

Name of Supervisor

Supervisor's Phone #

Address - Street, City, State, Zip

VEER Investment Properties LLC Arkansas Rental Application

PROPERTY APPLYING FOR:

Phone # Nick at 501-960-0027 Phone # Moe at 501-766-9090 Email: veersuite@gmail.com



Personal Information

		Personal Ir	normation		
Full Name Driver's License # / State		Birth Date		Social Security #	
Full Name - First, Middle, Last		Birth Date		Relationship to You	
		_			
		_			
		_			
Street Address / Unit No. City, State, Zip How long at this address Manager/Owner Name Manager/Owner Phone		ent Address	addresses or fron Previous		Previous Address
Pleas	se list employn		ve years & other s	-	е.
		Employme	ent History		
	Currer	nt Employer	Previous E	Employer	Previous Employer
Employed by					_
Position					_
Dates of Employment (FromTo)					
Monthly Income					

Other Income Sources

Туре	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #
	_			
		ergency Contact Ir		
lame	PI	none #	Relationship	
Address - Street, City,	State, Zip			
		Vehicles		
Make & Mod	lel Year	Color	Plate #	State
		Other Informa	tion	
Have you ever been	evicted?	'es No		
If yes, when & why				
Have you ever been	convicted of a felony?	Yes	No	
If yes, when & why				
Have you ever filed f	for bankruptcy?	Yes No		
If yes, when & why				·····
Do you currently sm	oke? Yes	No		
Do you have any pet	rs? Yes	No		
If Yes, please list eac	h Type, Breed & Appro	x. Weight		
How did you learn al	bout us?			
	Agreemen	t & Consent to Ba	ckground Check	
any and all names listed of history, criminal history of application. I understand	ents I have made are true an on this application and for tl and all Unlawful Detainers. I that this is an application fo	nd correct. I hereby authorize the the issuer of this form to conduct understand that any discrepand or a home or apartment and do	e verification of information I provided, co t a background check to obtain additional cy or lack of information may result in the es not constitute a rental or lease agreem cessing my application and I am not entitl	information on credi rejection of this nent in whole or in
Signature:		Date:		

CO-SIGNER

By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Personal Information

Full Name Driver's License # / State	Birth Date Phone #	Social Security #
Current Employer Name / Phone #		
	Co-signing	for
Full Name	Unit App	lied for
	ot or will not oblige. This Co-sign	I all responsibilities and/or obligations of the Leaseholder' er Agreement will remain in force throughout the entire changed in its terms.
Signature:	Date:	