

*The Courtyard Apartment Suites*

**114 East University St.**

**Siloam Springs, AR 72761**

**Manager Cell: 479-358-1668 Email: [williamscourtyards@gmail.com](mailto:williamscourtyards@gmail.com)**

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**RENTAL APPLICATION**

Desired date of occupancy: \_\_\_\_\_ Desired Baths: 1 or 1 1/2 (circle)  
Desired length of occupancy: \_\_\_\_\_ Desired Rooms: 1, 2, or Studio (circle)  
Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
Spouse/ Roommate: \_\_\_\_\_ SS#: \_\_\_\_\_  
Spouse/ RM Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been at this address? : \_\_\_\_\_  
Name of Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Amount you currently pay in rent or house payment: \_\_\_\_\_  
Reason you wish to leave: \_\_\_\_\_

Previous address: \_\_\_\_\_ How long? \_\_\_\_\_  
Previous Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ How long? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Income per month: \_\_\_\_\_

Spouse/Roommate Employer: \_\_\_\_\_ How long? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Income per month: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Other occupants  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever been evicted or asked to move? \_\_\_\_\_  
Explain: \_\_\_\_\_

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List 2 credit references: Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Zip Code associated with bill: \_\_\_\_\_

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Zip code associated with bill: \_\_\_\_\_

List 2 personal references: Name: \_\_\_\_\_  
(Non-relatives) Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

REMINDER: THIS PROPERTY IS SMOKE FREE AND PET FREE!! If you have pets or smoke, you need not apply!

In the event of an emergency, notify: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

BY SIGNING THIS APPLICATION, I AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I GRANT PERMISSION TO HAVE THIS INFORMATION VERIFIED AND FOR CONSUMER CREDIT REPORTS TO BE OBTAINED.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

**Please attach recent pay stub with this application and email to [williamsCourtyards@gmail.com](mailto:williamsCourtyards@gmail.com)**

**Physical Address:**  
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