Moix Property Management

1213 Collier Dr

Conway, AR 72032

501-327-2255

Applic	_			
	ant:			
	Full Name:			
	Contact Number:		Email Adress:	
	Social Sec. Number:		Date of Birth:	
	Marital Status:	Driv	er's license number & State:	<u> </u>
Co-apı	plicant:			
	Full Name:			
	Contact Number:		Email Adress:	
	Social Sec. Number:		Date of Birth:	
	Marital Status: Driv		er's license number & State:	
	Occupants:			
Name:		DOB:	SS#:	_ Relationship:
Name:		DOB:	SS#:	_ Relationship:
Name:		DOB:	SS#:	_ Relationship:
		DOB:	SS#:	_ Relationship:

Rental History:

Current Address:			
Monthly Rent:	Date moved in:	Date moved out:	
Current Landlord:	La	ndlord's phone number:	
Reason for moving:			
Previous Address:			
Monthly Rent:	Date moved in:	Date moved out:	
Current Landlord:	Landlord's phone number:		
Reason for moving:			
In case of an emergency:			
Contact:		Phone number:	
Address:		Relationship:	
		·	
Employment:			
Applicant's Employer:		_ Supervisor's Name:	
Phone number:	() full time () part time	() retired	
Dates employed: From	to	Job title:	
Pay per month:			
Co Applicant's Employers		Supervisor's Name:	
	() full time () part time		
		Job title:	
Pay per month:			
Bank References:			
Checking Account Bar	nk Name:		
Savings Account Bank	: Name:		

verificies.				
Year/Make/Model:	Color:	License #:		
Year/Make/Model:	Color:	License #:		
Personal References:				
Name:	Phone number:			
Address:	Relationship:			
Name:	Phone number:			
Address:	Relationship:	Relationship:		
Name:	Phone number:			
Address:	Palationship			

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Credit/Criminal: I hereby consent to allow Owner and/or its designated agents to obtain a consumer credit report and criminal record information for the purpose of determining whether to lease a unit to me. I also agree and understand that Owner and/or its agents may obtain additional consumer credit reports and criminal records on me in the future to update or review my account. Upon my request, Owner and/or its agents or employees will tell me whether consumer credit reports or criminal record reports were requested and the names and addresses of 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.

Security Deposit: All money deposited with this application will be held as a security deposit. This security deposit will not be refunded if applicant's credit and references are approved by Agent and Applicant decides not to rent the dwelling reserved for applicant. All of the security deposit will be refunded if the Applicant's credit and references are not approved by Agent.

Entire Agreement: The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties. This agreement is predicated upon all of the information which has been furnished by applicant being accurate. If the facts provided are not accurate, the ensuing lease agreement may be voided at the option of the owner. Execution of this agreement by both parties to this agreement constitutes acceptance thereof.

References : I hereby authorize a Moix Property Management in co		nformation regarding my rental history to n.
Applicant:	Co-Applica	nt:
Date:	Date:	
For Office Use Only:		
() Approved () Denied		
Address:		
Move in Date:	Deposit:	Rent Amount: