

Requested move in date. \_\_\_\_\_  
Property Name **Park Place Apartments** \_\_\_\_\_

Apt.No. \_\_\_\_\_  
Rental Amount. \$ \_\_\_\_\_  
Security Dep. Amt. \$ \_\_\_\_\_  
Pet Dep. Amt. \_\_\_\_\_

**WILSON CO.**  
**1524 S. GARFIELD, SUITE B**  
**LITTLE ROCK, AR 72204**  
**501-666-3466**

CONFIDENTIAL RENTAL APPLICATION

In order to better accommodate our future residents this application is provided for you by The Wilson Company, Inc. We hope that you have been pleased with what you have seen, and we sincerely hope to see you back again. If for some reason you are not satisfied with our apartments, PLEASE feel free to ask our leasing agents to help you find another apartment. We know the market and we will be glad to help you.

This application is confidential and will be kept confidential. By completing and signing this application you give The Wilson Co., Inc. Or our legal department the right to access credit information, credit history, contact employers or any other necessary person, persons or establishments to verify your credit history, criminal history or to collect a delinquent account regarding the above apartment property. The information that you give us must be correct! The Wilson Co., Inc. Has the right to deny your application if it is discovered that you have willfully misled or have failed to complete all of the application information!

If you make a deposit and you are denied admittance your deposit will be quickly refunded in full within one-two business days. No interest will be paid. If you application is accepted and we have notified you of acceptance and you choose to hold a particular apartment, the management will gladly do so, but if you decide not to accept the apartment, The Wilson Co., Inc. Will retain your security deposit. Your deposit is a good faith consideration and will not be returned!

In completing the application please use N/A if a question does not apply to you, but a brief explanation will be needed. Please use the bottom portion of this application for explanations or any other additional information that you are called by as your first name. We must have your legal name. Remember that all spaces must be completed. The questions asked may seem redundant but they are all necessary for the purpose of credit verification.

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Telephone No. \_\_\_\_\_  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long at current address? \_\_\_\_\_ If you rent, Landlord's name: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_ Current Rental Rate: \$ \_\_\_\_\_  
Spouse or Roommates Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Spouse/Roommates Social Security Number \_\_\_\_\_ Home No. \_\_\_\_\_  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long at current address? \_\_\_\_\_ If you rent, Landlord's name: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_ Current Rental Rate: \$ \_\_\_\_\_  
Names and ages of all person who will reside with you:  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

**AUTOMOBILES:**  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Number: \_\_\_\_\_ Color: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Number: \_\_\_\_\_ Color: \_\_\_\_\_

**In Case Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ What type? \_\_\_\_\_ Weight? \_\_\_\_\_  
THERE IS A REQUIRED PET DEPOSIT AND A 20 POUND WEIGHT LIMIT

**RESIDENCE HISTORY:**

(Do not list your present address.)

1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_

Have you ever been evicted from any tenancy? \_\_\_\_\_

Have you ever had a judgement filed against you? \_\_\_\_\_

Have you ever willfully and intentionally refused to pay rent when due? \_\_\_\_\_

Have you ever damaged an apartment to retaliate against a landlord? \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

Why are you vacating your present address? \_\_\_\_\_

Why did you choose to lease at this complex? \_\_\_\_\_

**EMPLOYMENT HISTORY**

(For last five years)

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_

How Long Employed: \_\_\_\_\_ Salary Per Year: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone No: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

How Long Employed: \_\_\_\_\_ Salary Per Year: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone No: \_\_\_\_\_

**SPOUSE OR ROOMMATES EMPLOYER:**

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_

How Long Employed: \_\_\_\_\_ Salary Per Year: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_

How Long Employed: \_\_\_\_\_ Salary Per Year: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_

**CREDIT REFERENCES:**(Name, Address, Account Number, and Phone Number) **(MUST BE COMPLETED)**

1. \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Acct No. \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL REFERENCE:**(Name, Address, Phone Number)

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

To the best of my knowledge the above is true and correct and I give the agents for The Wilson Company, Inc. the authority to verify and/or reference any credit facility. **Sign and Date and mail back with to office with Security Deposit.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_