



PAIGE PROPERTIES OF MOUNTAIN HOME INC.
21 NORTH STAR CIRCLE MOUNTAIN HOME, AR. 72653
PHONE/FAX: 870-424-7888

*** How did you hear about us? _____

1. Applicant's Name _____ Phone # _____
Social Security # _____ D.O.B. _____ Marital Status _____
Email address: _____

Present Address _____
How Long? _____ Landlord's Name _____ Phone # _____
Why are you leaving? _____

Employer _____ Phone # _____
Address _____
Occupation _____ How Long? _____ Monthly Income \$ _____

2. Spouse/Co- Applicant's Name _____ Phone # _____
Social Security # _____ D.O.B. _____ Marital Status _____
Email address: _____

Present Address _____
How Long? _____ Landlord's Name _____ Phone # _____
Why are you leaving? _____

Employer _____ Phone # _____
Address _____
Occupation _____ How Long? _____ Monthly Income \$ _____

3. List name, age and relationship of **all persons** to be occupying the premises (children, relatives, and all other co-residents.)

Name _____ D.O.B. _____ Relationship _____
Name _____ D.O.B. _____ Relationship _____
Name _____ D.O.B. _____ Relationship _____
Name _____ D.O.B. _____ Relationship _____

4. List all vehicles to be parked on the premises by applicant, co-applicant or children including cars, trucks, motorcycles, trailers, boats, etc.)

Vehicle Type _____ Year _____ License # _____ State _____ Color _____
Vehicle Type _____ Year _____ License # _____ State _____ Color _____
Vehicle Type _____ Year _____ License # _____ State _____ Color _____
Your driver's license # _____ Co-Applicant's # _____

5. Will you or other occupants have a pet? _____ Type & age _____

*****All pets must be pre-approved by management and pet deposit MUST be pre-paid*****

6. Your bank's name _____ City _____
Checking Acct. # _____ Savings Acct. # _____

7. Have you or the other occupants ever been evicted? _____
Have you or the other occupants ever broken a lease or rental agreement? _____
Have you or the other occupants ever been sued for non-payment of rent or damages to rental property? _____
Have you or any other occupants ever been arrested? Yes ___ No ___ If yes, why and when? _____

Have you or the other occupants ever been convicted of a felony? _____

8. Next of kin (list 2)

1) Name _____ Relationship _____
Address _____ Phone # _____
1) Name _____ Relationship _____
Address _____ Phone # _____

9. List nearest friend

Name _____ Phone # _____
Address _____

10. In case of emergency, please contact:

Name _____ Relationship _____
Address _____ Phone # _____

I declare that the foregoing information is true and correct, I authorize Paige Properties management permission to obtain its verification by phone, mail, internet or consumer credit report now, and at any time in the future, for whatever reason deemed necessary by Paige Properties or the agents thereof. I understand that falsified information on this application is grounds for rejection and/or eviction if a lease is in effect.

Applicant _____ Applicant _____ Date: _____

THERE WILL BE A \$25.00 SERVICE FEE **PER APPLICANT** ON ALL APPLICATIONS TAKEN.