

ARKHOUSES RENTAL HISTORY REQUEST FORM

To Be Filled Out By Tenant

Landlord Name

Applicant Name

Applicant Address

X

Signature Of Applicant Authorizing Release Of Information

Date Signed

To Be Filled Out By Landlord:

We are requesting information about the above named applicant. Please complete the questions and Fax (501) 868-4700 or Email: steve@stevepinter.com. Thank you for your cooperation.

Applicant Rental Period:

Start: _____ End: _____

Amount of Rent:

Is Rent In Arrears?

Yes _____ No _____

Has The Applicant Been Late On Rent?

Yes _____ No _____

Has The Applicant Given 30-Day Notice?

Yes _____ No _____

Does Applicant Maintain The Premises In Good Condition?

Yes _____ No _____

Please Explain

Any Complaints From Other Tenants/Neighbors?

Reason Applicant Gave You For Leaving Your Community:

Any Additional Information?

Would You Rent To The Applicant Again?

Yes _____ No _____

Signature

Date

Title

Telephone Number