STUDENT HOUSING

RENT HOUSE APPLICATION FORM

OFFICE USE
Date Received_____
Receipt for Deposit_____
Date Housed_____

2801 S. University
Little Rock, AR 72204
(501)661-1743 Fax- (501)661-1757
http://housing.ualr.edu

Please complete this application form and return it to the Office of Student Housing. **You will be contacted using this information if a unit becomes available.**

APPLICANT _____ SOCIAL SECURITY NUMBER _____-_____-_____
Last First Middle

SPOUSE NAME _____ SOCIAL SECURITY NUMBER _____-_____-_____

CURRENT ADDRESS_____
Street City State Zip

HOME PHONE: (_____) _____ E-MAIL ADDRESS _____

CELL PHONE: (_____) _____ How long at current address? _____ Current Monthly Payment _____

LANDLORD NAME_____ LANDLORD PHONE _____

CHECK ONE:

☐ **UALR STUDENT**-- MAJOR_____ EXPECTED GRADUATION DATE_____

☐ **UALR EMPLOYEE**--DEPARTMENT _____

APPLICANT EMPLOYMENT INFORMATION:

CURRENT EMPLOYER _____ HOW LONG THERE_____

ADDRESS _____ TELEPHONE_____

POSITION _____ SUPERVISOR_____

SPOUSE EMPLOYMENT INFORMATION:

EMPLOYER _____ HOW LONG THERE_____

ADDRESS _____TELEPHONE_____

POSITION _____ SUPERVISOR_____

INCOME:

NET MONTHLY SALARY _____ SPOUSE NET MONTHLY SALARY _____OTHER INCOME (List Source and Amount)

DATE YOU WOULD LIKE TO MOVE IN_____ _____

NAMES OF OTHERS TO OCCUPY THIS UALR RENTAL PROPERTY: _____

_____ RELATION TO YOU_____AGE_____

_____ RELATION TO YOU_____AGE_____

_____ RELATION TO YOU_____AGE_____

LIST ANY CHRONIC AILMENT OR DISABILITY WHICH REQUIRE SPECIAL ACCOMMODATIONS:

_____

I certify that the information given by me on this application is true and correct to the best of my knowledge. I also give consent for UALR to verify references, rent history, employment or other information related to this application.

_____ _____
Signature Date