

# STUDIO ONE APARTMENTS

1002 N. Hemlock St.  
Pine Bluff, AR 71602  
#870.850.0432 Office  
[studiooneapts@yahoo.com](mailto:studiooneapts@yahoo.com)  
[WWW.Studio1PineBluff.com](http://WWW.Studio1PineBluff.com)

Manager Name: Sherri Graves

\$35- Application Fee  
\$400- Security Deposit  
\$475 & UP RENT (1 Year Lease)  
A "FIXED" MONTHLY WATER BILL \$20  
OFFICE HOURS:  
8-5 MON-FRI (LUNCH 12-1)  
CLOSED SAT & SUN

**Thank you** for your interest in Studio One Apartments! We value each of our tenants. To ensure we have the best residents, we screen all our applicants to know we have found **Good Folks** to add to our community. We strive to have a beautiful, safe, clean, quiet and enjoyable community to give our residents a place to love coming home to! We just know you will enjoy living in our community. Please take the time to complete each page of the application and sign and/or initial each page that requires an applicant's signature.

**A separate \$35 Background Check/Application fee is required for each individual over age 18 AND IS DUE AT TIME OF SUBMISSION**

**Application must be COMPLETELY filled out by each adult occupant and if applicable, co-signer. ALL documents must be presented before an application will be considered for approval. Missing information will delay the process. If you have questions or if you need help, please do not hesitate to ask, we will do our best to provide assistance.**

Copies of the following documents are needed in order to complete the application process:

- \$35 Application Fee per Adult Household Member 18 yrs of age or older (Check or Money Order – non- refundable)
- State Issued Identification (all household members 18 yrs of age or older)
- Social Security Cards for ALL household members
- Proof of Income – last 3 check stubs (example: Payroll check stubs, Award Letter for Social Security or SSI, Child Support Benefits, TANF, etc.)
- Sign the top portion of the Employment Verification & Residency Verification Forms. Forms are to be Submitted by Studio One Managers Only.
- A holding fee is required to hold a rental unit for you, which will be transferred to your security deposit upon move in. It is non-refundable if you hold a unit and then change your mind.  
\_\_\_\_\_. (initials)

Thank You, Management

# RENTAL/LEASE APPLICATION

## Studio One Apartments

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Email: StudioOneApts@yahoo.com Website: www.StudioOnePineBluff.com

Phone #: (870) 850-0432

**Our Objective:** To select Residents who are likely to pay their rent on time, respect community rules and property, and are kind and courteous neighbors. It is our policy to thoroughly investigate everyone making an application at Studio One. We do this to ensure that after you move in we continue to get more good folks to live next to you.

- To qualify for tenancy you must thoroughly complete a rental application and go through the approval process.
- Applicants must provide true, complete and accurate information pertaining to all households.
- Applicants must provide a valid social security card for all household members and photo I.D. for all adults.
- Prior eviction and/or criminal history is grounds for turn down of approval
- Applicants must provide adequate means of income to satisfy management guidelines

### APPLICANT INFORMATION:

Name: \_\_\_\_\_ Marital Status: Single  Married  Divorced   
(First) (Middle) (Last)  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_  
Applicant Phone #: (\_\_\_\_\_) \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

**Current Landlord/Mortgage Company:** \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Own  / Rent  From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Landlord/Mortgage Company: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

**Previous Address: (enough to cover 3 years)** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Own  / Rent  From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Landlord/Mortgage Company: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Own  / Rent  From: \_\_\_\_\_ To: \_\_\_\_\_

List any/all other states you have previously lived in \_\_\_\_\_

**Occupant Information: Must list all persons who under the age of 18 who will permanently live or temporarily reside at the leased premises – include spouse, children, family members and/or roommates. Over 18 needs to fill out a separate application.**

Name

Relationship

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION:**

Current Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ No. of Years Employed There: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Employer Phone #: (\_\_\_\_\_) \_\_\_\_\_

(Cover 3 years)

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ No. of Years Employed There: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Employer Phone #: (\_\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ No. of Years Employed There: \_\_\_\_\_

**List any other source of income: (Unemployment, Disability, Social Security, TANF, Child Support, etc.)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**List other Bills: (Credit Card Payments, School Loans, Etc.)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**VEHICLE INFORMATION (Unlisted and/or Broken Down Vehicles are Subject to Towing):**

**What type of vehicles do you own?**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

**MISCELLANEOUS QUESTIONS:**

**Do you own or have constant access to a working vacuum cleaner?** \_\_\_\_\_

What is the name of your nearest relative? \_\_\_\_\_ Relationship: \_\_\_\_\_

Relative's Address: \_\_\_\_\_ Their Phone #: (\_\_\_\_\_) \_\_\_\_\_

Have you ever broken a lease with an apartment community? Yes  No

Have you ever been evicted from an apartment community? Yes  No

Do you have a musical instrument? Yes  No  If yes, what type of instrument do you have? \_\_\_\_\_

Do you have any pets? Yes  No  If Yes, What kind, species? \_\_\_\_\_

How did you hear about Studio One? \_\_\_\_\_

Have you ever been convicted of a felon? Yes  No  If Yes, please explain \_\_\_\_\_

Were you referred by a current Studio One Resident? Yes  No  If Yes, Who and what unit? \_\_\_\_\_

X \_\_\_\_\_

Applicant Signature

\_\_\_\_\_ Date



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Phone #: (870) 850-0432

### RESIDENT SELECTION CRITERIA INFORMATION

**Objective:** To select Residents who are likely to pay their rent on time and respect their neighbors and community property. It is our policy to thoroughly investigate everyone making an application at Studio One Apartments. Each Resident living in our apartment homes must qualify on his/her own ability and pass a criminal background check.

**Applications for residency are accepted during business hours.** The head, co-head and/or spouse must be 18 years of age or older to qualify for tenancy and must also complete a rental application and go through the approval process.

- Applicants must provide true, complete and accurate information pertaining to all households.
- Applicants must provide a valid social security card for all household members, photo I.D. for all adults.

### APPLICATION VERIFICATION

In processing your application, approval/disapproval will be based upon our ability to determine the credit worthiness, the past rental history, and the income viability of the prospective resident.

A Non-Refundable fee of \$35 per adult 18 years old and over must be submitted with this application and will be applied as an application processing fee. By signing this application, I understand upon application approval the holding fee must be paid and are nonrefundable unless Management decides prior to move in, against renting to you based on information gathered to the satisfactoriness of meeting our qualifications. Once a holding fee is paid it becomes Non-Refundable and will not be returned if you change your mind.

Deposits are not guaranteed to be refunded at move out, a \$50 administration fee will automatically be deducted from your deposit as well as any other charges found at the time of move out for damages, rent and fees owed, lease breakages, etc.

Lease agreements are for a minimum 12 month period, after fulfilling a 12 month lease you may continue to rent on a Month to Month basis which will consist of the current rental rate in effect for the apartment at the time and an additional \$50 a month. ( \_\_\_\_\_ ) initials.

**A holding fee is required to hold an apartment for you, which will be transferred to your security deposit upon move in. Holding fee is non-refundable if you change your mind.** \_\_\_\_\_ (signature)

By signing this application, I give Studio One Apartments permission to use this information to do a criminal background check, previous rental check and income employment verification. I verify the above information to be accurate and true to the best of my knowledge, if information is found to be falsified, and/or applicable information is omitted, said application will be declined and deposit will NOT be refunded.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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### TENANT RELEASE AND CONSENT FORM

I \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **Studio One Apartments** for purposes of verifying information on my apartment rental application.

#### INFORMATION COVERED

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation as a qualified tenant.

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above the above information includes, but are not limited to:

- |                             |  |
|-----------------------------|--|
| Past and Present Employers  | Previous Landlords (including Public Housing Agencies) |
| Welfare Agencies            | Social Security Administration                         |
| Veterans Administration     | Banks and Other Financial Institutions                 |
| State Unemployment Agencies | Support and Alimony Providers                          |
| Retirement Systems          | Medical and Child Care Providers                       |

#### CONDITIONS

I agree that a photocopy of this authorization and my identification may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed.

I understand I have a right to review this file and correct any information that is incorrect.

Signature

X \_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
Date



\_\_\_\_\_  
Print Name

NOTE: THIS GENERAL CONSET MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, A REQUEST FOR COPY OF TAX FORMS MUST BE PREPARED AND SIGNED SEPARATELY

**WARNING: Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years or both."**

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### REQUEST FOR RESIDENCY VERIFICATION

To Landlord/Apartment Name: \_\_\_\_\_ Date: \_\_\_\_\_

Request Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

The person named below has submitted an application/housing rental with our firm. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendation on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank You

RE: Resident's Name(s): \_\_\_\_\_

Occupancy Address: \_\_\_\_\_

Date(s) of Occupancy: \_\_\_\_\_

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_



### PROPERTY OWNERS' OR MANAGEMENT AGENT COMMENTS

Moved In Date: \_\_\_\_\_ Moved Out Date: \_\_\_\_\_ Still Occupant? Yes  No

Was Proper Move Out Procedure Followed Through by Tenant? Yes  No

Rent Amount? \_\_\_\_\_ Is Rent Current? Yes  No  If not, What is Owed? \_\_\_\_\_

Rent Generally Paid: On Time  Within Grace Period  Occasionally Late  Often Late

If Occasionally Late or Often Late, how often? \_\_\_\_\_

Any NSF Checks? Yes  No  How Many? \_\_\_\_\_ Any Evictions Filed? Yes  No  How Many? \_\_\_\_\_

How Many Occupants Living in Apt.? \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Apartment Condition: Good  Average  Poor

Please Describe Average Apartment Condition: \_\_\_\_\_

Were there any complaints? Yes  No  If so, how many and how often? \_\_\_\_\_

Any notices of non-compliances with lease? Yes  No  Was lease fulfilled? Yes  No

Are you a relative or a friend of applicant? Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# EMPLOYMENT VERIFICATION

**THIS PORTION TO BE FILLED OUT BY APPLICANT**

Date: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize release of my employment information

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**THIS PORTION TO BE FILLED OUT BY EMPLOYER**

**PLEASE COMPLETE ENTIRELY & RETURN THIS FORM TO: (prefer to scan and email back if possible)**

**Studio One Apartments  
Email: StudioOneApts@yahoo.com  
1002 N. Hemlock, Pine Bluff, AR 71602  
Phone #: (870) 850-0432**

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Employee Job Title: \_\_\_\_\_  
Presently Employed? Yes  No  Date First Employed: \_\_\_\_\_ Date Last Employed: \_\_\_\_\_  
Current Wages/Salary: \_\_\_\_\_ (Circle One) Hourly / Weekly / Bi-Weekly / Semi-Weekly / Monthly / Yearly / Other  
If other, please explain: \_\_\_\_\_  
Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \_\_\_\_\_ Through: \_\_\_\_\_  
Overtime Rate: Per Hour \_\_\_\_\_ Average # of overtime hours per week: \_\_\_\_\_  
Shift differential rate: Per Hour \_\_\_\_\_ Average # of shift differential hours per week: \_\_\_\_\_  
Commissions, bonuses, tips, other: \_\_\_\_\_ Hourly / Weekly / Bi-Weekly / Semi-Weekly / Monthly / Yearly / Other  
If other, please explain: \_\_\_\_\_  
List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Effective Date: \_\_\_\_\_  
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_  
Additional remarks regarding employee: \_\_\_\_\_  
\_\_\_\_\_

X  
Employer's Signature: \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U.S. Code made it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction**