

# Parkview Towers

Managed by Retired Teachers Housing, Inc.

## Rental Application

The information collected below will be used to determine if you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and employment. You do not have to provide the information, but if you do not, your application may be delayed or rejected.

**Please Print Clearly**

Applicant's Name		Social Security No.		Phone (      )
Current Street Address	City	State	Zip	No. of years at current address
Do you currently own or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Amt. of rent/mortgage payment \$ _____		
Former Street Address (if at present address for less than 5 years)	City	State	Zip	No. of years at former address
Name and address of employer		Type of business	Self-Employed  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business phone number (      )	Position/Title	Start Date with this Employer	Years in this line of work	
Race <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused				

MONTHLY INCOME	
List ALL sources of income. Do not leave any blanks. Write N/A if a section does not apply. List GROSS income before any deductions.	
Salary	\$ _____
Social Security/SSI/SSDI	\$ _____
Pension/annuity Retirement Funds	\$ _____
VA Benefits	\$ _____
Total Gross Annual Income based on the monthly amounts listed above times 12	\$ _____
Do you anticipate any changes in this income in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.	

## ASSETS

Do you own any real estate property? ☐ Yes ☐ No

Location of property:

Appraised or Market Value

\$

Mortgage or outstanding loan value

\$

Amount of annual insurance premium

\$

Amount of most recent tax bill

\$

Have you disposed of any property in the last 2 years? ☐ Yes ☐ No

## ADDITIONAL INFORMATION

Have you or any member of your household ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or any member of your household ever been evicted from any housing? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or any member of your household ever filed for bankruptcy? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

\_\_\_\_\_

Will you take an apartment when one is available? ☐ Yes ☐ No

Briefly describe your reasons for applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCE INFORMATION

### Current Landlord

Name

Address

Home Phone

Business Phone

How long?

### Previous Landlord 1

Name

Address

Home Phone

Business Phone

How long?

### Previous Landlord 2

Name

Address

Home Phone

Business Phone

How long?

### Previous Landlord 3

Name

Address

Home Phone

Business Phone

How long?

### Previous Landlord 4

Name

Address

Home Phone

Business Phone

How long?



## REFERENCE INFORMATION (continued)

### Personal Reference 1

Name	
Address	
Relationship	
Phone Number	

### Personal Reference 2

Name	
Address	
Relationship	
Phone Number	

### Personal Reference 3

Name	
Address	
Relationship	
Phone Number	

## IN CASE OF EMERGENCY NOTIFY

Name	
Address	
Relationship	
Phone Number	

## VEHICLE AND PET INFORMATION (if applicable)

List car, truck, or other vehicle owned. Parking will be provided for one vehicle.  
Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle	License Plate Number
Year/Make	Color
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	

## CERTIFICATION/CONSENT

I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria, which includes a background check. I certify that all information in this application is true to the best of my/our knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

### SIGNATURE:

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

## *Parkview Towers*

1200 Commerce, Little Rock, AR 72202  
501-372-3610

### Resident Selection Criteria

Waiting List Policy

Unit Transfer Policy

Security and Pet Deposit Policy

Reasonable Accommodation Policy

#### (1) Fair Housing and Equal Opportunity Laws

- a. Management will not discriminate on the basis of race, color, creed, religion, sex, handicap, or national origin (excepting those statutory and regulatory provisions as related to eligibility)
- b. This property will seek to identify and eliminate situations and / or procedures which create a barrier to equal housing opportunity for all.
- c. Any person who believes his or her rights have been violated under the Fair Housing and Equal Opportunity Laws, should contact the Arkansas Fair Housing Commission.
- d. Applications are accepted on an appointment basis at the business office located at 1200 Commerce Street, Little Rock, AR 72202. Applications can be obtained during regular office hours. We can bring to the door, please phone the office, or an application can be printed from our web-site, [www.parkviewtowerslr.com](http://www.parkviewtowerslr.com).

#### (2) Eligibility Requirements

- a. Parkview Towers serves elderly persons over the age of 62 years
- b. Income limits are \$48,442 for one person and \$58,300 for a household of two. (2023)

#### (3) Required Documents

- a. Social Security card
- b. \$10.00 processing fee
- c. Photo ID
- d. Verifiable residence for the past five (5) years
- e. Verifiable and satisfactory rental references if residences were not owned;  
If residence / property is owned property taxes and utilities must be paid and current.
- f. A doctor's statement verifying an applicant's abilities to live independently

#### (4) Ineligibility

- a. Inability to provide required documents
- b. Negative rental references
- c. Previous eviction from any housing.
- d. Inability to provide verifiable timely rent payment history

- e. Negative rental references
- f. Providing false information at any time

(5) Family Composition

- |                                   |               |
|-----------------------------------|---------------|
| a. 0 Bedrooms (Efficiency/studio) | 1 person only |
| b. 1 Bedroom                      | 1-2 persons   |
| c. 2 Bedrooms                     | 1-2 persons   |

(6) Waiting List Policy

- a. All applicants will be placed on the waiting list in order in which their application is received, and will be processed based on the following criteria once accepted:
  - i. Units will be made available to current residents who have requested a transfer to another sized unit
  - ii. Applicant has provided updated contact information
  - iii. Applicant has provided all required information
  - iv. Unit size required and unit size available
- b. Removal from the waiting list.
  - i. You will be removed from the waiting list if during the wait period you become ineligible.
  - ii. You will be removed from the waiting list if you fail to notify us of any change in your current contact information, resulting in the property being unable to locate you for continuation of the move-in process.

(7) Unit Transfer Policy

- a. Current residents can make a request to transfer to another sized unit. They will be placed on a waiting list and will be offered a unit as it becomes available. If the resident refuses to take a unit offered, they will be removed from this list.
- b. In order to approve a transfer, the resident must be current on rent and the security deposit must be paid. Another security deposit will be collected on the new apartment after the transfer is approved. Any refund due from the first security deposit will be paid to the resident within 30 days after the new lease is signed.
- c. Only one transfer per resident will be approved unless there is a change in family size, or renovating of the present apartment is necessary due to repair and/or replacement.
- d. If the unit is not requested by a current resident, the unit will become available to the next qualified applicant on the waiting list.

(8) Security Deposit Policy

- a. A security deposit will be required equal to the monthly rent for that sized apartment. The security deposit will be due at the time of leasing.

(9) Pet Deposit Policy



- a. Pet deposit is \$300 and is due in total at the time a Pet Agreement is signed. It can only be refunded when a move takes place.

(10) Reasonable Accommodation

If you have a physical or mental problem or disability, you may need to ask for this kind of change which could involve:

- a. A change in or policies that would give you an equal chance to access our housing
- b. A change in the way we communicate with you or give you information
- c. A physical change to an apartment
- d. A change in policies, rules and regulations due to temporary health needs

NOTE: Within 30 days of the receipt of the application, applicants will receive a letter or phone call of eligibility or ineligibility. This will not mean that an apartment is available; however, it will provide instructions for the next step in the move-in process.

#### ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of the Resident Selection Criteria for Parkview Towers. I understand it is my responsibility to read the criteria and determine if I feel I am eligible for residency at this property. I understand that all information I provide on my application, or in my application packet, will be verified prior to my being offered an apartment at this property.

I further acknowledge that I am aware that it is grounds for automatic rejection if I provide false or incomplete data on my application or fail to return all required documents.

ACKNOWLEDGEMENT ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date