



RENTAL APPLICATION

835 S. Donaghey* CONWAY, AR * 501-328-2179



A \$ _____ non-refundable application fee is required for investigation.

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

FULL NAME _____ DATE SUBMITTED ____/____/____ PHONE (____) _____ - _____
 BIRTH DATE ____/____/____ SS# ____-____-____ CO-APPLICANT NAME _____ RELATIONSHIP _____
 EMAIL ADDRESS _____ DRIVERS LICENSE# _____ STATE ISSUED BY _____
 MARITAL STATUS: Single Married since (date) ____/____/____ Divorced since (date) ____/____/____ Former Spouse _____

RENTAL INFORMATION

POTENTIAL MOVE-IN DATE ____/____/____ IS THERE A SPECIFIC RENTAL COMMUNITY YOU'RE INTERESTED IN? Yes No
 IF Yes, Which Community: _____ NUMBER OF BEDROOMS NEEDED _____ NUMBER OF BATHROOMS _____
 DESIRED MONTHLY RENTAL RATE \$ _____ .00 OTHER PREFERRED AMENITIES _____

ADDRESSES

Current Address _____ City/State/Zip _____ Since ____/____/____ Rent/Month \$ _____ .00
 Owner/Management _____ Contact _____ Phone (____) _____ - _____ Is present rent up to date? Yes No
 Reason for Leaving _____ Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address (if within 3yrs) _____ City/State/Zip _____ Dates ____/____/____ to ____/____/____
 Previous Owner/Management Co _____ Contact _____ Phone (____) _____ - _____ Rent/Month \$ _____ .00
 Reason for Leaving _____ Did you give notice? Yes No Were you asked to leave? Yes No

OCCUPANTS

TOTAL NUMBER OF OCCUPANTS _____	NAME	RELATIONSHIP	BIRTH DATE

PETS: Yes No If yes, give details (number, type/breed & size/weight): _____

CARS

VEHICLE #1 _____ / _____ / _____ / _____ License Plate #1 _____ State _____
 Make Model Year Color
 VEHICLE #2 _____ / _____ / _____ / _____ License Plate #2 _____ State _____
 Make Model Year Color

EMPLOYMENT

CURRENT EMPLOYER _____ Dates Employed ____/____/____ - ____/____/____ Street/City _____
 Position _____ Supervisor _____ Work Hours _____ Phone (____) _____ - _____ Fax (____) _____ - _____

PREVIOUS EMPLOYER _____ Dates Employed ____/____/____ - ____/____/____ Street/City _____
 Position _____ Supervisor _____ Work Hours _____ Phone (____) _____ - _____ Fax (____) _____ - _____

INCOME

Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____
 Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____
 Current Income \$ _____ Weekly / Biweekly / Monthly / Yearly Source _____

1. Bank/Credit Union _____ Acct.# _____
2. Bank/Credit Union _____ Acct.# _____



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REFERENCE

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____

EMERGENCY CONTACT _____ Phone (____) _____ - _____ How you are acquainted _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s) CREDITORS NAME	ADDRESS/PHONE	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No

Has any signer ever filed bankruptcy? Yes No Has any signer ever been guilty of a felony? Yes No

Has any signer ever broken a lease? Yes No Is the total move-in amount available now (rent and deposit)? Yes No

Name which company your utilities are now billed and account number _____ # _____

Explain any "YES" answers here (include names and details) _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT

_____/_____/_____
DATE

DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE COMPLETED BY SALTER PROPERTIES' AGENT

DATE RECEIVED ___/___/___ DATE PROCESSED ___/___/___ AGENT _____ UNIT APPLIED FOR: _____

EMPLOYMENT VERIFICATION

EMPLOYMENT DATES VERIFIED Yes No

MONTHLY INCOME VERIFIED Yes No

SPOKE WITH _____ DATE ___/___/___

NOTES: _____

RESIDENCY VERIFICATION

RESIDENCY DATES VERIFIED Yes No

MONTHLY RENTAL AMT VERIFIED Yes No

SPOKE WITH _____ DATE ___/___/___

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

APPROVED Yes No If No, explain _____

TENANT NOTIFIED Yes No THEY ACCEPTED Yes No If No, explain _____

DEPOSIT \$ _____.00 PAID Yes No DATE ___/___/___ RENT AMT \$ _____.00 LEASE TERM 6Mo 12Mo Other ___ Mo

PRORATE Yes No AMT \$ _____.00 MOVE-IN DATE ___/___/___ LEASE EXPIRES ___/___/___ KEYS ___ FD ___ MB ___ SC

PET Yes No #PETS ___ PET DEPOSIT AMT \$ _____.00 PAID Yes No DATE ___/___/___ PET NOTES _____

UTILITIES PAID BY TENANT Gas Electric Water SHUT OFF SCHEDULED Yes No SHUT OFF DATE ___/___/___