

ARKANSAS RENTAL APPLICATION

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

		NAME	RELATIONSHIP	BIRTH DATE
TOTAL NUMBER OF OCCUPANTS _____				

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

CARS

VEHICLE #1 _____ / _____ / _____ / _____
 Make Model Year Color

License Plate #1 _____ State _____

VEHICLE #2 _____ / _____ / _____ / _____
 Make Model Year Color

License Plate #2 _____ State _____

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.# _____



RENTAL APPLICATION

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 ____/____/____