

A **\$40.00** 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 YOU'RE INTERESTED IN? Yes No

IF Yes, Which Address: _____ 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 _____ / _____ / _____ / _____ 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 _____

Bank/Credit Union _____ Acct.# _____

REFERENCES

Reference: _____ Ph: _____ How you are acquainted _____

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Reference: _____ Ph: _____ How you are acquainted _____

*Reference needs to include at least 2-non family members.

APPLICATION FEE OF \$40 IS REQUIRED FOR CREDIT AND BACKGROUND CHECK

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

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 _____

S

NOTES: _____

RESIDENCY VERIFICATION

RESIDENCY DATES VERIFIED Yes No
MONTHLY RENTAL AMT VERIFIED Yes No

POKE WITH _____

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

REFERENCE VERIFICATION _____

NOTES: _____

A P P R O V E D D Yes D No **If No, explain** _____

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

D E P O S I T \$ _ .00 **PAID** Yes No **DATE** ___ / ___ / ___ **RENT AMT** \$ _ .00 **LEASE TERM** 6Mo 12Mo Other

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:

Tenant will be responsible and pay for the following utilities, including all required deposits

Gas Water Electric Trash Collection Telephone Cable TV Fire and Security Monitoring