

Dear Potential Resident

Please be aware of the following before you take this application with you:

- a) If you have been convicted of a violent crime, you will NOT be eligible to lease a home in any of Faithland Properties**

- b) If you are a registered Sex offender you will not be eligible to lease a home in any of Faithland's Properties**

- c) If you have been convicted of any other criminal offense, there is 90% percent chance that you will NOT be eligible to lease a home in Covenant Cove Community.**

All application fees are NON REFUNDABLE whether you are deemed eligible or not.

We thank you in advance for considering leasing a home in our community.

Respectfully yours,

Covenant Cove Management

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

Dear Applicant:

Thank you for taking the time to fill out an application for one of our properties. We actively seek good residents to make their homes with us and we will strive to provide the best services we possibly can, while you are in the property we manage. Below is our rental application process and overall criteria. Please read this entire document, sign and return it with your application fee.

APPLICATION PROCESS

We screen our applicants very carefully, and we verify all information provided to us on the rental application and from other sources available to us. Generally, the first application received for a specific property would be processed; if approved all other applicants for that property can request another property. In the event more than one application is received on the same day, the applicant who can move in soonest is processed first. If there is no difference in the requested move in date, the application that appears to be the most qualified will be processed first. Your application will be processed as quickly as possible and a decision made within 7-14days. In order to speed the process along, please make sure we have all the necessary information on your application along with your

NON-REFUNDABLE APPLICATION FEE OF \$75 (CASHIER'S CHECK OR MONEY ORDERS ONLY)

If your application passes the screening criteria, you will be offered the property. All properties will remain on the market until the is non-refundable holding fee is received. **The Holding fee will need to be in the form of a cashier's check or money order. We will need one cashier's check or money order for the holding fee and a separate cashier's check or money order for the first month's rent.** The rent for the second month may be paid with a cashier's check or money order. We can never accept cash for rent. If you later decline the property, the money put down will be forfeited.

Applicant's Signature

Date

The following criteria are established to ensure that all prospective applicants for a property processed by Faithland Residential Properties will be treated equally.

GENERAL REQUIREMENTS

Every resident at least 18 years old must complete an application.

Incomplete, inaccurate or falsified information of any kind will be grounds for denial.

A driver's license or photo identification card of each applicant must be viewed and copied when application is made (2 forms of identification is required). A copy of each resident's drivers license must be furnished with application.

Please include with your application:

Copies of last 2 bank accounts

Copies of last 2 years tax returns

Co-signers are not accepted.

Applicants who have been convicted of a violent crime will not be considered.

INCOME CRITERIA

The applicant must have some form of income source, employment or verification of starting employment within a reasonable time from the start of the lease.

If self-employed you need to provide the latest tax return.

A copy of the last two current pay-stubs from your employer or documented proof of income other than employment is required.

Gross income of applicants need to be at least 3 times the amount of the rent.

Unemployment is not considered income.

Disability and Child Support Income must be verified by official payment stubs or bank statements.

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

RENTAL CRITERIA

Applicants should have good landlord references for at least 6 months of the last 18 months.

Applicants should be paying a comparable rent (within \$100 of current rent).

If an applicant has no rental history, or has not paid a comparable rent but otherwise qualifies, a minimum deposit, first and last month's rent will be asked for in advance.

Relatives are not acceptable rental references.

Applications may be denied for evictions, damages beyond normal wear and tear, illegal activity on the premises, a balance still owed to a previous landlord, or any untruthful information submitted on the application.

Addresses will be cross-referenced with tax records to verify the legal owner of a property listed as a previous residence.

CREDIT CRITERIA

A credit report will be obtained for every applicant 18 years of age or older.

All information appearing on a credit report is subject to verification, including previous addresses.

An application may be denied for delinquent or insufficient credit.

A bankruptcy is not grounds for automatic denial, but when combined with a foreclosure or repossession can be grounds for denial.

CRIMINAL CRITERIA

Any person convicted of a violent felony will automatically be denied.

Any felony drug conviction within the last three years will automatically be denied.

Any drug manufacturing or distribution will automatically be denied.

OTHER CRITERIA

We do not allow Pets.

We are non-smoking in any of Faithland Properties

If at any time an unauthorized pet is discovered you may be evicted immediately or fined.

FAIR HOUSING

Pam Brown Courtney presents Faithland Residential Properties adheres to all requirements of the Fair Housing Laws. We do not discriminate against any applicant for reasons of race, color, age, national origin, sex, marital status, religion, or disability. One of the partners in Faithland Properties, Dr. Willis Courtney, is a licensed Real Estate agent.

ACKNOWLEDGEMENT

By making application for the property, you acknowledge that these verifications will be done and give permission for us to do so. Please sign and date this letter where indicated below and return it with your signed application and application fee. The application fee must be received before your application will be processed. Thank you for submitting your application. We sincerely hope that you will be a long-term resident with us and refer your family and friends to us. I have read the criteria for application and will comply with all policies outlined above.

I understand that my application may be denied for any of the above reasons and that my application fee is non-refundable.

Applicant

Date

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

Applicant

CONSENT TO PERFORM CREDIT, BACKGROUND AND REFERENCE CHECKS

I, _____, (rental applicant), authorize and permit Faithland Residential Properties, (rental owner / manager) to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies. I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above. I further authorize and permit the rental owner or manager to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary. Thanks to all parties for your cooperation with this matter.

Rental Applicant Name (Please PRINT): _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Cell Phone: (_____) _____ - _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Rental Applicant (signature) _____ Date: ____/____/____

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

APPLICANT INFORMATION

**ANY ILLEGIBLE HANDWRITING WILL PROLONG THE APPLICATION
PROCESS**

Applicant:

Name (First, Middle, Last): _____

Date of Birth: ____/____/____ Social Security Number: _____-_____-_____

Daytime/ Cell Phone: (____)_____-_____ E-Mail: _____

Current Home Address: _____

City, State and Zip: _____

Applicant's Current Employer: _____

Address: _____

Contact Name: _____ Phone: (____)_____-_____

How Long: _____ Hourly Rate: _____ Monthly Gross Income: _____

Alternative Income: _____ Source: _____

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

Rental:

Current:

Landlord Name: _____ Company: _____

Contact #: (_____) _____ - _____

Current Rent Amount paid by **YOU**: _____

Move in Date: ____/____/____ Move-Out Date: ____/____/____

Reason for moving: _____

Previous:

Landlord Name: _____ Company: _____

Previous Address: _____

Contact #: (_____) _____ - _____ Previous Rent Amount paid by **YOU**: _____

Move in Date: ____/____/____ Move-Out Date: ____/____/____

Reason for moving: _____

Children/Minors Information

Name(s) / Age(s)

_____	_____
_____	_____
_____	_____

FAITHLAND RESIDENTIAL PROPERTIES #10

5100 W 12th Street

PO Box 55300, Little Rock, AR 72215

Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

Your Vehicles

List all vehicles owned or operated by you, your spouse, or any other occupants. (including Cars, trucks, motorcycles).

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

OTHER INFORMATION

Please circle your answer!!

Have you ever been convicted of a felony?

Applicant: **YES** **NO**
(If yes describe the charge & give the date)

_____ Applicant

Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?

Applicant: **YES** **NO**
(If yes describe the charge & give the date)

_____ Applicant

Applicant:
Have you declared bankruptcy? **YES** **NO**

If so, when? _____

Discharge Date: _____

Have you had a foreclosure? **YES** **NO**
If so, when? _____

Have you had a car repossessed? **YES** **NO**
If so, when? _____

Have you ever been evicted? **YES** **NO**
If so, when? _____
Address: _____

How did you hear of this property? (Circle one)

Newspaper

Website

Sign

Referred by Someone

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

Desired Property Address: _____ Desired Move in Date: ____/____/____

1st Month Rent: _____ Deposit: _____

Number of bedrooms: 1 2 3 4 or more # _____

Will you be receiving Government Assistance? YES NO

AGENCY REPRESENTATION

Applicant acknowledges that Faithland Residential Properties is the exclusive agent and representative of the Owner of this rental property and does not, in any way, have any fiduciary or other agency responsibilities to Applicant. **I certify the above information is true and correct and I hereby authorize verification of the same. I understand this will include, but not be limited to the obtaining of a credit report, rental history, employment verification and background check. I agree to furnish additional information upon request. Any information that proves to be false will result in my application being rejected. I understand if I am approved and place a deposit on any property and fail to occupy the property the deposit will be forfeited. I understand that Faithland Residential Properties can and will accept more than one application on this property and will use its sole discretion in selecting the best-qualified applicant. I also understand the application fee is non-refundable.**

Applicant Signature:

Date:

FAITHLAND RESIDENTIAL PROPERTIES #10
5100 W 12th Street
PO Box 55300, Little Rock, AR 72215
Office: 501-944-5477, Alternate: 501-663-2200, Fax: 501-954-7624

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name:

First

Middle

Last

Maiden

Address: _____

City

State

Zip

Phone #

Date of Birth: _____ Social Security # _____

I hereby authorize Faithland Properties, Inc. to obtain a credit report and/or criminal background and to verify any and/or all information on my application for use in determining qualifications for employment. I understand this information is confidential and will be used only for employment purposes.

Applicant Signature: _____

Date: _____