

Hot Springs Village Rentals™ 121 Cordoba Center Drive, Suite 200 Hot Springs Village, AR 71909 Office: (501) 922-2929
Toll Free: (866) RENT-HSV | Fax: (501) 922-9921
Email:stay@renthotspringsvillage.com
www.HSVRentals.com

Rental Application Policy

1. General:

- a. You must be at least 18 years old to apply for a rental.
- b. Each person above the age of 18 must fill out an application and if approved be a part of the lease.
- c. There is a \$30.00 NON-REFUNDABLE application fee per applicant. This fee is due when the application is submitted.
- d. All applicants must have state or federal issued photo ID to process applications.

2. Guidelines For Acceptance:

- a. Rental or Homeownership History
 - i. Applicants must provide references.
 - ii. Relatives are not acceptable references.
- b. Income
 - i. Applicants must provide a verifiable amount of income.
 - ii. Retired is not an income amount.
- c. Credit and Background Check
 - i. A Credit and Background check will be completed by our company.

3. Pets:

- Pets are approved by the Homeowner on a case by case basis.
- b. <u>If approved, the refundable pet fee will be no less than \$250.00. This depends on the size of the pets, the number of pets, and the Homeowners instructions.</u>
- Homeowners have the Final decision.

4. Signing of the Lease

- a. Once approved, we will call you to set an appointment for lease signing.
- b. All adults must be present to sign the rental lease.
- c. Upon the signing of the lease; your security deposit, water deposit, and refundable pet fee will be due.

ALL PROPERTIES ARE SUBJECT TO WALK-THROUGH INSPECTIONS AT THE HOMEOWNERS REQUEST

Rental Application Verification (To be completed by Property Manager) This is how we will score your rental application Please ask us if you have any questions about our process

Name of Applicant				
Property Address:				`
RATING CATEGORY				X ,
Length in Field Employment (Current employment required)	0 0-12 mos.	1 12-24 mos.	2 24-36 mos.	3 36 mos.
Rent to income Ratio (Income combined for all tenants)	0 40% or more	1 33% -40	2 32%	3 27% or under
Credit (FICO) Score	0 Below 600	600	650-699	3 700+
Payment History	0 Utils/Rent Owing	1 Deling	2 BK w new credit	3
Criminal History/ NSF	0 2+NSTSONV	. VSF OX	2 1 NSF ONLY	3 NA
Length of Residency (Average last 5 years)	12 mos or 1 ss	1 2-18 mos.	2 18-24 mos.	3 24+ mos.
Late Rent or Mortgage (Last 12 Months)	0	1 2	2 1	3 0
Eviction w/I last years	7	YES/NO		
		sit, equal to one month's		A Company of the Comp
13-15 Approv with	n double security deposit	or co-signer. (We may co vary depending on hom	each pet –amount to vary dep onsider payments on deposit i cowner)	ending on homeowners) nereases, subject to approva
	enied. A qualified co-sig			
Important Note: If you currently owe n combined income (all applicants togethe from us.	noney to a utility provider) is not at least 3 times	er or a former landlord, or the monthly rent, you wil	r if you have been evicted wir I be required to have a qualif	th-in the last 5 years, or you led co-signer in order to ren
Homcowner		Date:	Time:_	
Notified Appliciant:				
FCRA Letter:		Date:	A24 W 1980	



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Each applicant submits $\underline{\$30.00}$ (Non-refundable) to cover the cost of the credit report. RENTAL APPLICATION

Please Note - Leases cannot expire in December

ame:				
F	irst	Middle	Las	t
mer/Maiden Name:		House some	-	
SS#:	Da	Date of Birth:		
DL#	State	: Expiration Date:		
	Marital Status:			
Home: ()		Wark: ()	<u></u>	
	RESIDENCE INF	E-mail: ORMATION - Past & Pri		
Cell: () rent Address:	RESIDENCE INF			
rent Address:	RESIDENCE INF	<u> ORMATION</u> - <u>Past & Pri</u>	esent	
	RESIDENCE INF	<u> ORMATION</u> - <u>Past & Pri</u>	esent	
rent Address:	RESIDENCE INF	ORMATION - Past & Pri	e sent Stat State	e Zip Code
rent Address:ling Address:	RESIDENCE INFO	ORMATION - Past & Pro City City	esent State	e Zip Code Zip Code
rent Address: ling Address: Current Landlord:	RESIDENCE INF Street Street RENT AMOUNT:	ORMATION - Past & Pri City City	State	e Zip Code Zip Code
rent Address: ling Address: Current Landlord:	RESIDENCE INF Street Street RENT AMOUNT:	ORMATION - Past & Pro City City Phone: (State	e Zip Code Zip Code



Street				City	State	Zip Cod
Length of Occupancy: from			to			
					-797	
Previous Landlord:			Phone :()		
FAX:			EMAIL:			
Address:						
\$	Street			City	State	Zip Code
d you pay your rent on time? (Cir ason for Leaving:	rcle one) YES	NO If no. Ex	xplain:	AW		
	APPLICA	NT'S and/or	· CO-APPLICA	NT'S VEHICLES	I	
Make	Model	State	Year .	Color	License Plate	
Make	Model	State	Year	Color	License Plate	===
		INCOME	DESCRIPTIO	<u>N</u>		
esent Employer:						
MACTING U.S.	Street Address		City		Chata	7:- C- J-
dress:			Lity		State	Zip Code
			10000000			
Phone: ()			10000000	<u> </u>	;	
Phone: ()	i 7 -	P	osition:			
Phone: ()	ary:	P	osition: Ma	nthly Pay:		
Phone: () Gross Yearly Sal	ary:	P.	osition: Ma	nthly Pay:		



BANK INFORMATION

		Bank:		
	Checking Account #:		gs Account #:	
		<u>Personal ref</u>	ERENCES	
1. Name: _		Relation:	Phone:	
2. Name: _		Relation:	Phone:	
3. Name: _		Relation:	Phone:	
		EMERGENCY CONTAC	T INFORMATION	
Name: _		Relation:	Phone:	
	<u>PE</u>	RSONS TO OCCUPY RESIDE List Names, Relationship		
Name: _			Date of Birth:	
	Relationship:			$=_{\mathbb{R}}$
Name: _			Date of Birth:	
	Relationship:			_
Name: _			Date of Birth:	
	Relationship:			=
Name:			Date of Birth:	
	Relationship:			3



<u>ADDITIONAL INFORMATION</u>

Required Information - Must Be Filled Out Completely

How many people wil	ll be occupying this unit? Adult's _	Children		
Do you or anyone els	se on this application have pets or o	other animals? YES NO		
What type(s)?				
Age:	Weight:	Neutered/Spaye	d: YES NO	
Pets Name:				====
Do you have an Aquario	um? YES NO Size?			
Do you or other occupa	ant have a waterbed? YES NO Size?_			
Please realize th	at you will be held liable for any :	and all damages (includir	ıg, but nat limited t	o water and pet) to the unit.
	Please Init	tial That You Have Read	d and Take Respo	nsibility.
Do You or Anyone	on This Application Smoke? YES	NO Have you or anyon	e on this Application	ever been Evicted? YES NO
LEWIS DINOS AN ENDING	. No. 10			
if Yes, Please Ex	plain			
E.II N	· · · · · · · · · · · · · · · · · · ·	CANT PERSONAL INFOR	MATION**	
Full Name:	First	Middle		ast
Former/Maiden Nai	me:			
SS#:		Date of Birth:		
DL#:	·	State: Expi	ration date:	
ě		82		
Home: (_)	Work: ()	
Cell: (_)	E-mail:	i.	



Co-APPLICANT RESIDENCE INFORMATION (If Different From Applicant) Past & Present

Current Address:					
1779-00 SP LIVN ANH S (1774-00-42-01) (1809)	Street	Ci	ty	State	Zip Code
Mailing Address:					
	Street	City		State	Zip Code
	Rental Amount:				
Current Landlord:		Phone: (_)		
Fax:		Email:			
Address:					
	Street	City	State		Zip Code
Will you ove you paid your rent on time eason for Leaving:		o, Explain:			
ve you paid your rent on time eason for Leaving:	? (Circle One) YES NO If No	a, Explain:			
ve you paid your rent on time eason for Leaving:	? (Circle One) YES NO If No	a, Explain:			
ve you paid your rent on time eason for Leaving:	? (Circle One) YES NO If No	a, Explain:			
ve you paid your rent on time eason for Leaving: Previous Address:	? (Circle One) YES NO If No	city		State	Zip Code
ive you paid your rent on time eason for Leaving: Previous Address: Length of Occupancy: fro	? (Circle One) YES NO If No	city		State	Zip Code
ove you paid your rent on time eason for Leaving: Previous Address: Length of Occupancy: fro Rental Amount: _	? (Circle One) YES NO If No Street	city		State	Zip Code
ve you paid your rent on time eason for Leaving: Previous Address: Length of Occupancy: fro Rental Amount: _ Previous Landlord:	? (Circle One) YES NO If No Street	City toPhone: (_		State	Zip Code
ive you paid your rent on time eason for Leaving: Previous Address: Length of Occupancy: fro Rental Amount: _ Previous Landlord:	? (Circle One) YES NO If No	City toPhone: (_		State	Zip Code



CO-APPLICANT INCOME DESCRIPTION

Present Emp	loyer:					
Address:						
\ \{\text{2}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Street		City	State	Zip Code
Phone: ()	<u>-</u>	Position:			
1	Net Salary: _			Monthly Income:		
Years on Job	!		Years in Pr	ofession:		
Supervisors	Name and Tit	le:				
Other Source	s of Income:					
	Hav	e you ever ber	en convicted of a	crime, YES	NO If yes, exp	
If yes, exp	2	Have you e	ver filed suit aga			



This application must be signed by both applicants before being considered. Acceptance of applicant, application and money deposited herein, is not binding upon the landlord until approval by landlord has been granted. If landlord or agent rejects the application all deposit monies will be refunded to applicant. If the applicant should withdraw application after acceptance by the landlord the deposit shall be forfeited to the landlord. Properties can be held for a MAXIMUM of 3 calendar days from the day the holding deposit is accepted.

B	
to be payable the <u>First (1st)</u> day of each month IN AD to be refunded to me if this application is not accept accepted and notified, advertising will stop, the sign applicant decide to withdraw their application after to NON-REFUNDABLE. Upon acceptance of this application deposit. When so approved and accepted, I agree to the balance of the security deposit within <u>3</u> business money will be forfeited as liquidated damages. I want if this application is not approved and accepted by the	m and upon the conditions above set forth and agree that the rent is VANCE. I hereby deposit \$ as security deposit money ed within 3 business days. At such time that applicant has been will be pulled and all other applicants turned away. Should his time, prior to a signed lease, this Security Deposit becomes ation, this earned money shall be retained as part of the security execute a Rental Agreement before possession is given and to pay a banking days after being notified of acceptance, or the earnest rant that all statements above set forth are true. The owner of agent, the security deposit money will be refunded, the on of non-acceptance, which the owner or his agent may reject
telephone number associated with your account, inc to you. We may also communicate with you by sendi address. Methods of contact may include use pre-red These authorizations shall remain in effect until indiv	or to collect any amounts you may owe us, we may call you at any luding wireless telephone numbers, which could results in charges ing text messages to your cell or wireless number or e-mail corded/artificial voice and/or the use of automated dialing devices. vidually withdrawn by you in writing to our facility and/or any ave read this disclosure and agree that 'your office or agent' may
Initials	Initials
authorize verification of such information. False rejection of this Application and termination of r gives permission to CENTURY 21 H.S.V. Realty,	ne above statements are true and complete and hereby information given above shall be grounds for owner's right of occupancy. By signing this application, the applicant Inc. and/or Hot Springs Village Rentals, Inc. and/or assigned tosits \$30.00 (NON-REFUNDABLE) to cover the cost of credit
Signature of Primary Applicant:	Date:
Signature of Secondary Applicant:	Date:
Spouse/Co-Applicant:	Date:
Security Deposit Money: \$	Date Received:
Received By:	
	nticipated Move in Date:



FOR OFFICE USE ONLY:

Application Fee	
Property Address	Rent
Security Deposit	Pet Deposit
Lease Begins:	
Lease Ends:	
Rent will be due and	will be considered delinquent on
1. Date applicant ad co-applicants were notified	of () acceptance or () non- acceptance
2. Notification was by () telephone, () lette	r, copy attached, or () in person
3. Names of persons to whom above notice was	actually given (applicant and all co-applicants are to be notified.
4. Name of owner's representative who notified	above persons
	a a
5. Deadline for applicant and all co-applicants to	o sign lease (if not already signed)