

ASSET MANAGEMENT, INC.  
PO BOX 11522 ~ physical address: 1311 FORT STREET STE F  
BARLING , ARKANSAS 72923  
PHONE (479)-785-1500 FAX (479)785-1502  
Leasing Phone 479-883-7088\*

## **TENANT SELECTION CRITERIA**

THE FOLLOWING PERTAINS TO **ALL** INDIVIDUALS OF THE HOUSEHOLD.  
EXCLUDING MINORS, AND NOTE SPECIFICALLY #9 WHICH INCLUDES ALL  
GUESTS.

1. Demonstrated ability to pay the rent.
2. On the job minimum of 6 months.
3. Must have a minimum of (6) month verifiable rental history, unless you have owned your home financed in your name.
4. Reference checks, credit checks, criminal background checks, lifetime sex offender registry will be done on all applicants.
  - A. Credit checks cannot include collections from utility companies, returned checks or previous landlords. Credit checks must show the ability to pay rent **on time**. We review all revolving accounts. A history of "late pays" can negatively effect this application.
  - B. Cannot owe any previous rental properties costs for damages or nonpayment of rent. **References** must show payment of rent **on time and without insufficient payments**.
5. No roommates, unless approved by Lessor/Agent.
6. Excessive traffic and excessive amounts of guests at one time period are **prohibited**. We also do not allow sub-leasing of rooms or allow a guest to move-in to property without application processing and approval by Lessor/Agent.
7. Adherence to property occupancy standards:
  1. **1BR = 1 TO 2 OCCUPANTS**
  2. **2BR = 1 TO 4 OCCUPANTS**
  3. **3BR = 1 TO 6 OCCUPANTS**
8. Acceptance of unit when available, waiting list procedures.
9. Must be a **non-participant** in the use, selling or distribution of marijuana, cocaine, or other further described controlled substances, prohibited by law, while on the premises.

ASSET MANAGEMENT, INC.  
PO BOX 11522 ~ physical address: 1311 FORT STREET STE F  
BARLING , ARKANSAS 72923  
PHONE (479)-785-1500 FAX (479)785-1502

**CREDIT CHECK CHARGES**

**ALL APPLICANTS MAKING APPLICATION FOR OCCUPANCY ARE REQUIRED TO PAY  
A NON-REFUNDABLE CREDIT CHECK CHARGE BEFORE ANY PROCESSING CAN  
BEGIN. THE CHARGES ARE AS FOLLOWS AND ARE ONLY ACCEPTED IN CASH OR  
MONEY ORDER.**

\$20.00-----SINGLE

\$30.00-----MARRIED COUPLE

\$40.00-----TWO SINGLES

ASSET MANAGEMENT INC.

ASSET MANAGEMENT, INC.  
PO BOX 11522 ~ physical address: 1311 FORT STREET STE F  
BARLING , ARKANSAS 72923  
PHONE (479)-785-1500 FAX (479)785-1502

## **THE BUSINESS RELATIONSHIP**

The relationship between a landlord and resident is a business relationship. A courteous and businesslike attitude is required from both parties. We reserve the right to refuse rental to anyone who is verbally abusive, swears, is disrespectful, makes threats, makes discriminatory comments, appears to have been drinking or taking drugs, is argumentative or in general displays an attitude, at the time of the unit showing and application process, that causes management to believe we would not have a positive business relationship.

If an applicant or any member of the applicant household/family demonstrates unprofessional behavior, such as yelling or using profanity in the presence of the management team, the applicant will be denied. If the applicant or any member of the applicant's family exhibits threatening behavior, appears to be intoxicated or attempts to intimidate the staff, the applicant, the applicant's family and other members of the applicant's entourage (if applicable) will be required to leave the property and the applicant will be denied. If the applicant is not appropriately attired, when visiting the management office, the applicant will be asked to leave. Appropriate attire, includes shoes, shirts and appropriate pants or skirts. Unacceptable attire includes, but is not limited to:

Pajamas

Bathing suits

Clothing that allows display of foundation garments (underwear)

Clothing that includes racial slurs or inappropriate language or pictures

Animals, (other than assistance animals necessary to allow the applicant/resident to conduct business with the owner/agent) are not allowed in the management office.

Children are always welcome. Minors must be supervised by an adult. It is not the responsibility of the management team to provide child care or supervision.

ASSET MANAGEMENT, INC.  
PO BOX 11522 ~ physical address: 1311 FORT STREET STE F  
BARLING , ARKANSAS 72923  
PHONE (479)-785-1500 FAX (479)785-1502

**AUTHORIZATION TO PROCESS APPLICATION**

**I/WE** hereby authorize Asset Management of Ft. Smith, Inc. – Real Estate Management Company - to verify my past and present rental history, present employment, criminal background check, lifetime sex offender registry and to obtain a consumer credit report and also verify other credit information both past and present.

I understand that **I/WE** must provide a photo id (driver's license, state ID) along with this application.

It is understood a photocopy or fax copy of this form will also serve as authorization.

The information Asset Management of Ft. Smith, Inc. obtains is only to be used in the processing of my rental application, and if application is denied for any reason, the hard copy of my credit report will be appropriately disposed (shredded) within one business day.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
SSN#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
SSN#

\_\_\_\_\_  
Date

**APPLICATION TO LEASE**

Time Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 PROPERTY NAME: \_\_\_\_\_ # OF BEDROOMS: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

**APPLICANT**

PRESENT: NAME & TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 LANDLORD: NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 APT. SIZE: \_\_\_\_\_  
 RENT (\$): \_\_\_\_\_  
 LENGTH OF RESIDENCY      YRS      MONTHS

RESIDENCY HISTORY FOR PAST FIVE YEARS					
COMPLEX NAME	ADDRESS	APT#	FROM	TO	TELEPHONE #

**CO-APPLICANT**

PRESENT: NAME & TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 LANDLORD: NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 APT. SIZE: \_\_\_\_\_  
 RENT (\$): \_\_\_\_\_  
 LENGTH OF RESIDENCY      YRS      MONTHS

RESIDENCY HISTORY FOR PAST FIVE YEARS					
COMPLEX NAME	ADDRESS	APT#	FROM	TO	TELEPHONE #

APPLICANT

CO-APPLICANT

MARTIAL STATUS: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_  
 BIRTHPLACE: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 DRIVERS LICENSE #: \_\_\_\_\_  
 SEX: \*(SEE BACK) \_\_\_\_\_  
 RCE: \*(SEE BACK) \_\_\_\_\_  
 HANDICAPPED: \_\_\_\_\_  
 62 YRS OF AGE OR OLDER: \_\_\_\_\_  
 CURRENT EMPLOYER: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_  
 LENGTH OF EMPLOYMENT: \_\_\_\_\_  
 ANNUAL INCOME: \_\_\_\_\_  
 ANNUAL RETIREMENT INCOME: \_\_\_\_\_  
 ANNUAL OTHER INCOME: \_\_\_\_\_  
 PAST FIVE YEAR  
     EMPLOYMENT HISTORY: \_\_\_\_\_  
 LIST ALL STATES YOU HAVE  
 LIVED IN: \_\_\_\_\_

ASSET MANAGEMENT, INC.  
 PO BOX 11522 ~ physical address: 1311 FORT STREET STE F  
 BARLING , ARKANSAS 72923  
 PHONE (479)-785-1500 FAX (479)785-1502

INFORMATION ON ALL OCCUPANTS OTHER THAN APPLICANT/CO-APPLICANT

NAME	SEX*	RACE*	BIRTH DATE	HANDICAPPED	RELATION TO APPL

REFERENCES

PERSONAL REFERENCES

TELEPHONE #:


BANKING REFERENCES

TELEPHONE #:


NEAREST RELATIVE (IN CASE OF EMERGENCY)

TELEPHONE #:

NAME:

ADDRESS:


DISCLOSURE\*

The proceeding information is requested by the Apartment Owner in order to assure the Federal Government that the Federal Laws prohibiting discriminating against tenant applications on the basis of race, national origin, and sex are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual application on the basis of visual observation or surname.

We hereby certify that we have read and understand the above application and that we have answered it to the best of our ability and the answers are true and correct.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

This application was Accepted or Rejected, (circle one):

\_\_\_\_\_  
Manger

\_\_\_\_\_  
Date

Reason for Rejection: \_\_\_\_\_

Date of Rejection: \_\_\_\_\_