

# North Street Condos, LLC

## Rental Application Form

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references. Owner/Agent/Operating manager is a licensed Real Estate Agent in the state of Arkansas and is associated with EPI\*Center Realty, LLC, 120 N. Commercial, Suite 2, Springdale AR 72764

Date of Application: \_\_\_\_\_

Landlord Name:

North Street Condos, LLC  
PO Box 6636  
Springdale, AR 72766

Address of Premises: 1115 or 1137 N. Leverett  
Fayetteville, AR 72701

### YOUR PERSONAL INFORMATION

Full Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Driver's License:

# \_\_\_\_\_ State \_\_\_\_\_

Present Address:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long? \_\_\_\_\_ If renting, Apartment

Name/location: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Landlord/Manager  
name \_\_\_\_\_

Landlord/Manager Phone: (\_\_\_\_) \_\_\_\_\_

Why are you leaving?  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Rent \$ \_\_\_\_\_

Present employer \_\_\_\_\_

Position \_\_\_\_\_

How long? \_\_\_\_\_

Employer Phone (\_\_\_\_) \_\_\_\_\_

Gross Monthly Income before deductions

\$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Source \_\_\_\_\_

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## CREDIT REFERENCES

Check all that apply: Checking Account [ ], Savings Account [ ]

Are ALL your credit accounts current: \_\_\_\_\_

Have you ever been evicted? YES [ ] NO [ ] .

Have you ever had a foreclosure/repossession? Yes [ ] No [ ]

If Yes, Date: \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_.

Have you ever filled for bankruptcy? Yes [ ] No [ ] .

If Yes, Chapter 7 [ ], Chapter 13 [ ]

Explain:

\_\_\_\_\_

Do you own: Vacuum cleaner [ ] Waterbed [ ]

Musical inst.: [ ] Smoker: Yes [ ] No [ ]

Have you ever been convicted of a crime, other than a traffic violation? Yes [ ] No [ ] .

If yes, explain

\_\_\_\_\_

\_\_\_\_\_

## \*PETS

Name \_\_\_\_\_ Type \_\_\_\_\_

Weight \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_

Weight \_\_\_\_\_

\*NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees. NO EXCEPTIONS.

Date of desired occupancy \_\_\_\_\_

Anticipated length of stay \_\_\_\_\_

## Authorization

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

\_\_\_\_\_  
Applicant's Authorization

\_\_\_\_\_  
Date