

Lierly Lane Properties

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:

Lierly Lane Properties
PO Box 6636
Springdale, AR 72766

Address of Premises: Seneca Ave
Fayetteville, AR 72704

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 _____

Lierly Lane Properties

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