

Date: _____

Mail To: Springdale Housing Authority, PO Box 2085, Springdale, AR 72765 Attn: Rental Assistance
Phone – 479-751-0560

Or

Fax To: Springdale Housing Authority, 479-756-8059 Attn: Rental Assistance

I have provided Property information for units I own. Please make this information available on your Landlord List.

Signature: _____

SS# or Federal ID: _____

Owner Name as it appears for 1099 purposes: _____

Address: _____

City, State, Zip _____

Phone # : _____

(Instructions - Complete the attached form for each unit you would like to add to the list of properties available.) If you own an apartment complex, you may complete one form for each bedroom size you offer at each property.



SPRINGDALE HOUSING AUTHORITY

Apartment Complex or Property Name: _____

Unit Address, City, State, & Zip: _____

Neighborhood Location: _____ residential, _____ mixed commercial/ residential, _____ industrial, _____ rural area, _____ high quality neighborhood with accessibility to _____ stores, _____ schools, _____ transportation, _____ medical facilities.

Unit Amenities: _____ carpet/ wood floors, _____ large yard, _____ Central H & A, _____ window unit, _____ garbage disposal, _____ Dishwasher, _____ playground, _____ fitness room, _____ pool, _____ blinds, _____ working fireplace or stove, _____ storm windows or doors, _____ screen doors or windows, _____ good upkeep of grounds, _____ good maintenance of building exterior, _____ balcony, patio, deck, porch, _____ garage or parking facilities, _____ washer / dryer hookup, _____ laundry facility, _____ washer / dryer.

Quality: _____ overall rating for property (0-10 _____), _____ extensively rehabilitated.

Age: Unit Build Date _____

Size: Square Footage: _____

Bedrooms: _____

of Bathrooms: _____

Unit Type: _____ single family, _____ semi-detached, _____ townhouse/ rowhouse, _____ low-rise, _____ high-rise, _____ manufactured home.

Housing Services: _____ On-site Management , _____ other

Most recent rent charged: _____ Deposit required: _____

Utility paid by Owner: _____ (Provider) _____

Utility paid by Tenant: _____ (Provider) _____

Refrigerator provided by _____ Tenant _____ Owner

Range provided by _____ Tenant _____ Owner Microwave provided by _____ Tenant _____ Owner

Maintenance: _____ ongoing exterior maintenance _____ ongoing interior maintenance, _____ other (specify _____)