

Tennessee Rental Application

PROPERTY APPLYING FOR:

	Monthly Rent	Security D	eposit	
Today's Date: _	Date of anticipated move in:			
		ONE YEAR LEASE REQUIR	<u>ED</u>	
	<u>Perso</u>	nal Information o	of Renter	
Full Name		D.O.B	Social Security #_	
Driver's License # / State		Phone #	Email	
		Spouse of Rente	<u>er</u>	
Full Name		D.O.B	Social Security #	
Driver's License # / State		Phone #	Email	
Name of employer:		Date started:	Monthly	income:
	Room	mates / Other O	ccupants	
Full Name - First, Middle, Las		Birth Date		elationship to You
			•	
		5		
Dla	ase list your throo	Rental History most recent addresses o	r from nast five years	
	•	Those recent dadresses o		

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

<u>Income</u>

Please list employment & other sources of income.

			Employmer	it Histor	У		
		Current Employer Previous Employer		Previous Employer			
Employed by							
Position							
Dates of Employment (From	.То)						
Monthly Income							
Name of Supervisor							
Supervisor's Phone #							
Address - Street, City, State, 2	<u>Z</u> ip						
			Other Incon	ne Sourc	ces		
Туре	Month	nly Income	Name of Provi	der	Address - Street, City, State	e, Zip	Phone #
							_
NameAddress - Street, City,			one #Vehi				
		T ,, T			21	- 1	
Make & Mode	<u> </u>	Year	Color		Plate #		State
			Other Info	ormati	ion		
Have you ever been evicted? Yes No							
If yes, when & why							
Have you ever been o	convicted c	of a felony?	Yes	N	No		
If yes, when & why							
Have you ever filed fo	or bankrup	tcy?	Yes	No			
If yes, when & why							

No

Do you currently smoke?

Do you have any pets?	Yes X No	
If Yes, please list each Type, Bree	ed & Approx. Weight	No pets allowed at this rental.
How did you learn about us?		
	Credi	it History:
Bank Name:		Address:
Checking account number:		
List all credit obligations with mi	nimum monthly payment	:
	<u>Personal</u>	References
Name :	Phone Nun	nber:
Address:		·
Name :	Phone Nun	nber:
Address:		
Agr	eement & Consei	nt to Background Check
any and all names listed on this applicat history, criminal history and all Unlawfu application. I understand that this is an	tion and for the issuer of this for I Detainers. I understand that a application for a home or apart	authorize the verification of information I provided, communication with m to conduct a background check to obtain additional information on credit ny discrepancy or lack of information may result in the rejection of this ment and does not constitute a rental or lease agreement in whole or in e cost of processing my application and I am not entitled to a refund.
Signature:	Date:	

CO-SIGNER

By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Personal Information

Full Name	Birth Date	Social Security #
Driver's License # / State	Phone #	Email
Current Employer Name / Phone #		
	Co-signing fo	or
Full Name	Unit Applied	l for
, ,	nnot or will not oblige. This Co-signer A	responsibilities and/or obligations of the Leaseholder's Agreement will remain in force throughout the entire nged in its terms.
Sianature:	Date:	