

640 N. Dixie Ave. Cookeville, TN 38501 931-526-3700 Fax: 931-528-3480

| Proposed Property: |
|---------------------------------------|
| Proposed # of persons to occupy unit: |

Rental Application

WE MUST HAVE A COPY OF YOUR DRIVER LICENSE OR PASSPORT

| First Name: | | _ Last Name: | | |
|--|---|------------------------------|------------------------|--|
| Social Security Number: | | Date of Birth | | |
| Email: | | Annual Income: | | |
| Current Phone Number: | | Cell # (if different): | | |
| Place of Employment: | | _ Phone: | | |
| Current Address: City/State/Zip | | | | |
| Driver's License Number: | | State: | | |
| /ehicle: License Plate# & State: Make, Model & Year | | | | |
| Previous Address: | | | | |
| If Rental How Long Lived There: _ | Reason for Leaving: | | | |
| Did you pay a deposit? I | f yes, did you get it back? | If no, why? | | |
| Landlords Name: | me: Phone: | | | |
| Who to contact in the event of | an emergency (if student, list be | oth parent's information): | | |
| Name: | Relationship: | Phone: | | |
| Address: | City | State | ZIP | |
| Name: | Relationship: | Phone: | | |
| Address: | City | State | ZIP | |
| Personal References: | | | | |
| Name: | Phone: | Relationshi | Relationship: | |
| | Phone: | Relationship: | | |
| Inc. to verify the information and | ven information is correct and do access any other records necessate for verification procedures. A nent. | ary to complete a background | d and/or credit check. | |
| Signature | | Date: | | |