



403 North Walnut Street • Murfreesboro, TN 37130
Phone: 615-890-6565 • Fax: 615-890-9325
www.LindaDillon.com

RENTAL APPLICATION

Non-refundable Application Fee \$100.00

Pre-Qualification Application; OR

Leaving Deposit for: Address _____

NOTE: FULL Deposit Required To Hold Property

Price of Unit \$ _____ Deposit Amt \$ _____

Move In Date _____

TENANT #1

Name _____

Employer: SINCE ___/___/___ or NEW, beginning ___/___/___

Social Security # ___ - ___ - _____

Company _____

Phone: Home / Cell (____) _____

Address _____ Ste # _____

Phone: Work (____) _____

City, State _____

E-Mail Address _____

Wage / Salary \$ _____ per Hr / Wk / Mo # Hours / wk _____

Current Address _____ Apt # _____

Supervisor's Name _____ Phone # _____

City _____, State _____ Zip _____ Give Notice? _____

Rent/Mo \$ _____ Rented from ___/___/___ to ___/___/___

Other Income Amounts & Sources: _____

Family / Landlord Name / Mortgage Co _____

Landlord Phone: (____) _____

Prior Address _____ Apt # _____

Previous Employer Employed from ___/___/___ to ___/___/___

City _____, State _____ Zip _____ Give Notice? _____

Company _____

Rent/Mo \$ _____ Rented from ___/___/___ to ___/___/___

City _____, State _____ Zip _____

Family / Landlord Name / Mortgage Co _____

Wage / Salary \$ _____ per Hr / Wk / Mo # Hours / wk _____

Landlord Phone: (____) _____

Supervisor's Name _____ Phone # _____

List names of ALL OTHER persons who will be living in the household (not including Tenant #1 or #2):

Age 18 or more?

Age 18 or more?

Name _____ Relationship _____ Y N Name _____ Relationship _____ Y N

Name _____ Relationship _____ Y N Name _____ Relationship _____ Y N

Name _____ Relationship _____ Y N Name _____ Relationship _____ Y N

PET INFORMATION: 3 pet maximum; Non-refundable pet privilege fee: \$200/pet; Prohibited—Any dog that looks like a Pit Bull Terrier

Warning: If evidence of an unauthorized pet is discovered on premises, a \$250/pet will be charged as damages.

Name _____ Breed _____ Weight _____ Sex _____ Date of Last Rabies Shot _____

Name _____ Breed _____ Weight _____ Sex _____ Date of Last Rabies Shot _____

Name _____ Breed _____ Weight _____ Sex _____ Date of Last Rabies Shot _____

List all VEHICLES owned by tenants (list additional vehicles on back, including recreational vehicles)

Make _____ Model _____ Color _____ Year _____

Make _____ Model _____ Color _____ Year _____

TENANT #2 (or Co-Signer if applicable)

Name _____
Social Security # _____
Phone: Home / Cell (____) _____
Phone: Work (____) _____
E-Mail Address _____

Current Address _____ Apt # _____
City, State, Zip _____ Give Notice? _____
Rent/Mo \$ _____ Rented from ___/___/___ to ___/___/___
Landlord Name / Mortgage Co _____
Landlord Phone: (____) _____

Prior Address _____ Apt # _____
City, State, Zip _____ Give Notice? _____
Rent/Mo \$ _____ Rented from ___/___/___ to ___/___/___
Landlord Name / Mortgage Co _____
Landlord Phone: (____) _____

Employer: **SINCE** ___/___/___ **or NEW**, beginning ___/___/___
Company _____
Address _____ Ste # _____
City, State _____
Wage / Salary \$ _____ per Hr / Wk / Mo; # Hours / week _____
Supervisor's Name _____ Phone # _____
Other Income Amounts & Sources: _____

Previous Employer
Company _____
Address _____ Ste # _____
City, State _____
Dates Employed from ___/___/___ to ___/___/___
Wage / Salary \$ _____ per Hr / Wk / Mo
Supervisor's Name _____ Phone # _____

Provide TWO Emergency Contact Numbers

Name _____ Phone # _____
Address _____ Apt # _____
City, State, Zip _____
Applies to which applicant? _____ Relationship: Parent / Relative / Friend

Name _____ Phone # _____
Address _____ Apt # _____
City, State, Zip _____
Applies to which applicant? _____ Relationship: Parent / Relative / Friend

I (We) hereby certify that the answers that I (we) have given in this application are true and correct to the best of my (our) knowledge.

I (We) understand that any false answers or statements made will be sufficient grounds for eviction and loss of any security deposits.

Applicant gives permission for landlord to request a credit check with the local credit bureau, and to inquire about and verify all information provided on this application. Signature required on pg 3.

The deposit of \$ _____ which accompanies this application will be returned to me in full if the application is rejected. **HOWEVER, if I (we) withdraw the application before approval, the deposit will be returned MINUS a \$50.00 processing fee.**

I have been given the opportunity to review the lease prior to submitting my application.

Initial(s): _____

IF THIS APPLICATION IS APPROVED, AND I (we) FAIL TO MOVE INTO THE PROPERTY AND/OR SIGN THE LEASE, OUR DEPOSIT WILL BE FORFEITED.

Signature _____ Date _____

Signature _____ Date _____

PROPERTY ACCEPTANCE

_____ I accept the property in as-is condition, or with current approved make ready estimate; **OR**

_____ I accept the property with the following contingency request(s):

CONTINGENCY REQUEST(S)	Date & Initial when RELEASED
1. _____	___/___/___
2. _____	___/___/___
3. _____	___/___/___
4. _____	___/___/___



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TENANT SIGNATURE

Verification Authorization

The applicant gives permission for the landlord to request a credit check with the local credit bureau and to inquire about and verify all employment, rental and other information provided on this application.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

--- -- **FOR OFFICE USE ONLY** --- --

VERIFICATION REQUEST

Employee / Resident Name: _____ Date: _____

Requested by: _____

EMPLOYMENT VERIFICATION Please reply via **FAX to 615-890-9325, or Email to:** _____
Your prompt response is deeply appreciated!

Employer Name: _____ Employer Phone Number: _____

Employee's Hire Date: ____/____/____ Employee Works _____ hrs/wk @ \$ _____ / hour / week / month

Employee's Job Title: _____ Is continued employment anticipated? Yes No

Verified by: _____ Verified by Title: _____

RENTAL VERIFICATION Please reply via **FAX to 615-890-9325, or Email to:** _____
Your prompt response is deeply appreciated!

Property Address: _____ Phone / Fax Number: _____

Tenant is: Current Previous **Date of Residence:** Move-in ____/____/____ Move-out Date ____/____/____

Monthly rate: \$ _____ Lease Satisfied? Yes No Notice Given? Yes No Not Yet

Account Current? Yes No Number of NSF checks: _____ Times Paid After the 5th of the Month
_____ 1-5 days

Number of residents on lease: _____ Noise complaints? No Yes Pets? No Yes, Qty _____
_____ by end of month
_____ 30+ days

Asked to vacate? No Yes Detainer Warrant filed? No Yes Would you re-rent? Yes No

Condition of Unit / Comments: _____

Verified by: _____ Title: _____