



3204 Hanover Drive Johnson City, TN 37604 (Phone) 423-282-0304 (Fax) 423-282-8236

Rental Application – \$60 Per Married Couple- payable to UDC (NO CASH ACCEPTED)

(Please print clearly in blue or black ink only)

<u>PERSONAL INFORMATION</u>				
Applicant Name:			Social Security No:	Date of Birth: Age:
Driver's License No:	State:	Email :	Cell Phone:	Home Phone:
Spouse Name:			Social Security No:	Date of Birth: Age:
Driver's License No:	State:	Email:	Cell Phone:	Home Phone:
<u>RESIDENTIAL INFORMATION</u>				
Current Address:				
Landlord's Name:		Landlord's Phone No:	Dates of Residence:	Rent Paid:
Previous Address:				
Landlord's Name:		Landlord's Phone No:	Dates of Residence:	Rent Paid:
Previous Address:				
Landlord's Name:		Landlord's Phone No:	Dates of Residence:	Rent Paid:
<u>EMPLOYMENT INFORMATION</u>				
Applicant's Employer:			Supervisor Name:	
Employer Address:			Employer Phone No:	Monthly Salary Before Taxes:
Position:			Dates of Hire:	
Spouse's Employer:			Supervisor Name:	
Employer Address:			Employer Phone No:	Monthly Salary Before Taxes:
Position:			Dates of Hire:	

I authorize Tenant Check to make any necessary investigation as to the contents that are contained in this application. I understand this investigation may include, but is not limited to, a consumer credit report, verification of employment with salary, current and past rental history, criminal history, banking information and I therefore consent to this investigation, and certify that all stated facts are true. It is understood that any misrepresentation or omission is cause for the management and/or owner to reject this application and/or terminate the lease agreement. I have the right to make a written request within (30) days of the time this application is made for a complete and accurate disclosure of additional information concerning the nature and scope of the report. I understand Tenant Check, Inc. will compile the report and that I may obtain this information by writing directly to Tenant Check, Inc. I understand that the owner can charge me for all collection including attorney fees, court fees, interest, Tenant Check, Inc. and collection company fees.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

MISCELLANEOUS INFORMATION

Apartment Community Name:		No of Bedrooms:	Garage: YES NO	Move In Date:
Pet Name & Description:			Pet Age:	Pet Weight:
Are there any Children under age 18 Living in Apartment?		If Yes, How many?		
Are you a Smoker? _____ Spouse: _____		If yes, what brand of Cigarettes do and/or your spouse smoke? _____		
Applicant Auto Year & Make:		Model:	License Plate No:	
Spouse's Auto Year & Make:		Model:	License Plate No:	
Emergency Contact (1):	Address:	Phone:	Relationship:	
Emergency Contact (2):	Address:	Phone:	Relationship:	
Applicant's Character Reference:		Phone:	Relationship:	
Have you been served a late/eviction notice? YES NO If yes, Explain _____				
Have you ever been convicted of a felony? YES NO				
How did you hear about this apartment?				

Please read carefully:

I hereby deposit the sum of \$_____ as real security/partial security for the faithful performance of the rental lease. If I fail to return or fail to execute the lease for the premises herein designated after notice by the landlord, then the landlord is to retain my deposit as liabilities under this application. The landlord shall retain the right to reject this application as all times and refund my security deposit. I hereby authorize the landlord to check all credit, employment and character references. **IF I CHANGE MY MIND AND DO NOT TAKE THE DESIGNATED APARTMENT, I WILL FORFEIT THIS SECURITY FOR THE PURPOSE OF DRAWING UP LEASE, CHECKING CREDIT AND HOLDING UNIT, ETC. THE LEASE MUST ME SIGNED BEFORE MOVING INTO ANY APARTMENT.**

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Office Use Only

Approved		Denied
Lease Start Date: _____	Rent Amount: _____	
Special Stipulations: _____		
Pro – Rate Amount Due: _____	Other Amounts Due: _____	