

**RE/MAX CARRIAGE HOUSE
PROPERTY MANAGEMENT DIVISION
PO Box 706
13018 Lebanon Rd., Suite 100
Mt. Juliet, TN 37121-0706
615-690-5650
Fax: 615-754-0888**

RENTAL APPLICATION

A non-refundable application fee of \$40.00 per adult, and a security deposit in the amount of \$_____ (to be rendered in separate checks) are payable with this application as earnest money to lease dwelling located at _____.

The payment of a security deposit removes the unit from the rental market. Therefore, if, for any reason other than LESSEE'S application being turned down by LESSOR, a Lease is not executed, the deposit will not be refunded.

Applicant is responsible for providing all requested information in a truthful manner. The giving of false information or tendering a bad check may, at LESSOR'S option, breach and void any subsequent Lease. This application becomes a part of your lease agreement.

Applicant's Name _____ SS# ____ - ____ - ____ Date of Birth _____ Age ____

Present Address _____ City _____ St _____ Zip _____

Home Phone _____ Email Address _____

Reason for Moving _____

Landlord's Name, Address & Phone Number _____

Previous Address _____

(If at present address less than 3 yrs) Address City State Zip

Applicant's Employer _____ Position Held _____

Employer's Address _____ Supervisor _____

Employer's Phone Number _____ Length of Service _____ Salary \$ _____ (mo. or wk.)

Spouse's Name _____ SS# ____ - ____ - ____ Date of Birth _____ Age ____

(Include Maiden Name)

Spouse's Email Address _____

Spouse's Employer _____ Position Held _____

Employer's Address _____ Supervisor _____

Employer's Phone Number _____ Length of Service _____ Salary \$ _____ (mo. or wk.)

Children's Names and Ages _____

Number of pets _____ Breed (s) _____ Weight of each _____ Age of each _____

CREDIT REFERENCES (Include Name, Address, Phone # [if known] and account numbers.)

1. _____
2. _____
3. _____

CHARACTER REFERENCES (Include names, addresses, phone numbers & relationship to applicant)

1. _____
2. _____

CHECKING ACCOUNT # _____ NAME OF BANK _____

CHECKING ACCOUNT # _____ NAME OF BANK _____

CHECKING ACCOUNT # _____ NAME OF BANK _____

APPLICANT'S VEHICLE:MAKE: _____ MODEL _____ YEAR _____ LICENSE # _____

APPLICANT'S DRIVER'S LICENSE # _____ STATE _____

SPOUSE'S VEHICLE:MAKE: _____ MODEL _____ YEAR _____ LICENSE# _____

SPOUSE'S DRIVER'S LICENSE # _____ STATE _____

IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY, PLEASE CONTACT:

NAME: _____ ADDRESS _____

HOME PHONE _____ OFFICE PHONE _____ RELATIONSHIP TO APPLICANT _____

FAMILY DOCTOR'S NAME _____ LOCATION _____ PHONE _____

HOSPITAL PREFERENCE _____ INSURANCE _____

I understand and agree to the terms set forth in the application. The information given above is correct to the best of my knowledge. I hereby authorize Re/Max Carriage House to contact the employers and landlords, banks, and other references I have listed above for the purpose of verifying the information by me in this application.

The Lessee makes this application with the understanding that it is subject to execution and acceptance by LESSOR. ***Please allow up to three business days to process your application.***

Applicant's signature _____	Date _____	Accepted by _____	Date _____
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Spouse's signature _____	Date _____	Accepted by _____	Date _____
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EMAIL ADDRESS

EMAIL ADDRESS

COMMENTS:

For office use only

Date received for processing: _____ Approved: _____ Disapproved: _____

Reason: _____
