

Please Print Clearly

CREENTIAL VERIFICATION  
Fax to 615-662-3108

Referred By  
Middle TN Home Solutions  
Inc

**Property You Are Interested In** \_\_\_\_\_

Please Complete This Application With All Pertinent Details

**You**

Full Name (Last, First & Middle) \_\_\_\_\_ Phone No. \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Age \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Of Issue \_\_\_\_\_ Maiden Name \_\_\_\_\_

Martial Status: Married ( ) Single ( ) Divorced ( )

**Spouse**

Full Name (Last, First & Middle) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Age \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Of Issue \_\_\_\_\_

Names and Ages of anyone else who will occupy the Property and Relationship to Applicant \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long Year \_\_\_\_\_ Month \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord's Phone No. \_\_\_\_\_ Apt Name \_\_\_\_\_

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlords Phone No. \_\_\_\_\_ Name Of Apts. \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo ( )

Date Started \_\_\_\_\_

Previous Employment \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo ( )

Date Started \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per Hr ( ) Wk ( ) Mo. ( )

Date Started \_\_\_\_\_

Does Applicant/Spouse or any other proposed resident have an arrest record? \_\_\_\_\_

Name Of Bank \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Checking Acct No. \_\_\_\_\_

Saving Acct No. \_\_\_\_\_

CREDIT REFERENCES (LOCAL REFERENCES PREFERRED)

1. \_\_\_\_\_ Acct No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Acct No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_

3. \_\_\_\_\_ Acct No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_

CHARACTER REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone No \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Vehicles

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
 License No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
 License No. \_\_\_\_\_ State \_\_\_\_\_

Pets: Number \_\_\_\_\_ Type: \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

A Non-refundable processing charge is payable with this application in the amount of \$50. The applicant understands that the processing charge will no be refunded under any circumstance or applied to any monies due lessor.

If applicant fails to fulfill these conditions, this application will be deemed to have been withdrawn and lessor or applicant will be under no further obligations, however if applicant merely changes his/her mind about the property after earnest money has been paid, the earnest money will be retained by the lessor as liquidated damages.

Applicant understands that the giving of false information or tendering of Bad Checks may at lessors option breach and void any subsequent lease. Notice in writing my be mailed to resident at leased premises or delivered to resident in person.

Lessors failure to deliver possession of the premises at the time agreed upon, shall not subject lessor to damages in any amount.

I understand that this application is a part of my lease agreement. Also that as a part of normal procedure for processing this application an investigative Consumer report may be obtained whereby information is secured through interviews with persons whom I am acquainted. This report if obtained, typically contains information as to my character, general reputation, personal characteristics and mode of living. I have the right to make a written request within a reasonable amount of time for a complete and accurate disclosure of additional information concerning the nature and scope of this report.

Payment Method Ck ( ) Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on card as it appears \_\_\_\_\_

Billing Address on card \_\_\_\_\_

Referred by Middle TN Home Solutions Inc

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 SPOUSE'S SIGNATURE

In case of Emergency Contact: Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone No. \_\_\_\_\_ Date you would like to acquire property \_\_\_\_\_