



403 North Walnut Street • Murfreesboro, TN 37130

Phone: 615-890-6565 • Fax: 615-890-9325

www.LindaDillon.com • email: Linda@LindaDillon.com

RENTAL APPLICATION

Pre-Qualification Application; OR

Non-refundable Application Fee \$50.00

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 / week _____

Supervisor's Name _____ Phone # _____

Current Address _____ Apt # _____

Other Income Amounts & Sources: _____

City, State, Zip _____ Give Notice? _____

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

Family / Landlord Name / Mortgage Co _____

Landlord Phone: (_____) _____

Previous Employer

Prior Address _____ Apt # _____

Company _____

City, State, Zip _____ Give Notice? _____

Address _____ Ste # _____

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

City, State _____ Employed from ___/___/___

Family / Landlord Name / Mortgage Co _____

Wage / Salary \$ _____ per Hr / Wk / Mo Employed to ___/___/___

Landlord Phone: (_____) _____

Supervisor's Name _____ Phone # _____

List Names of ALL OTHER Persons Living in the Household

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—NO Staffordshire or Pit Bull Terriers or mixes allowed

Non-refundable pet privilege fee: \$200/pet; if evidence of undisclosed pet is discovered on premises, \$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 **Co-Signer**

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 _____ Employed from ___/___/___

Wage / Salary \$ _____ per Hr / Wk / Mo Employed to ___/___/___

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

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

Initial & date to RELEASE

CONTINGENCY REQUEST

1. _____
_____/_____/_____

2. _____
_____/_____/_____

3. _____
_____/_____/_____



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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 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: _____, Assistant to Property Manager

EMPLOYMENT VERIFICATION — Prompt response is deeply appreciated! **FAX TO: 615-890-9325**

Employer Name: _____ Employer Phone Number: _____

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

Employee's Job Title: _____ Continued employment good? _____

Verified by: _____ Verified by Title: _____

RENTAL HISTORY VERIFICATION — Prompt response is deeply appreciated! **FAX TO: 615-890-9325**

Property Address: _____ Phone Number: _____

Tenant is: Current Previous

Date of Residence: Move-in ___/___/___ Move-out Date ___/___/___

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

Account Current? Yes No

Number of NSF checks: _____

Late Payments: (after 5th of month)

Number of residents on lease: _____ Any noise complaints? No Yes Pets? No Yes, Qty _____

Asked to vacate? No Yes Detainer Warrant filed? No Yes Would you rent to them again? Yes No

____ 0-5 days
____ 6-10 days
____ 11-15 days
____ 16-29 days
____ 30+ days

Condition of Unit / Comments: _____

Verified by: _____ Title: _____