



IMPACT REALTY, LLC
 147 Veterans Pkwy, Murfreesboro, TN 37128
 615-869-0616 Office 615-398-9744 Fax

RENTAL APPLICATION FORM

Please answer all questions, put N/A where does not apply. Please write legibly.

Which property address are you applying for? _____

| | | | | |
|----------------------|-------------------|--------|--------|--------|
| Full name: | Social Security # | Home # | Work # | Cell # |
| <u>Applicant:</u> | | | | |
| <u>Co-Applicant:</u> | | | | |

List All other occupants that will be living in the household (Name and Age)

1. _____.
2. _____.
3. _____.

| APPLICANT | CO-APPLICANT |
|---|---|
| Applicant Current LandLord / Rental: | Co-Applicant Current LandLord / Rental: |
| Current Address: _____ | Current Address: _____ |
| Landlord/Mortgage Name and Phone #: _____ | Landlord/Mortgage Name and Phone #: _____ |
| Dates of Residency: _____ Rent Amount: _____ | Dates of Residency: _____ Rent Amount: _____ |
| Reason for Leaving? _____ | Reason for Leaving? _____ |
| Applicant Employment: | Co-Applicant Employment: |
| Check: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired | Check: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired |
| Employer Name: _____ | Employer Name: _____ |
| Address: _____ | Address: _____ |
| Contact Name: _____ | Contact Name: _____ |
| Contact Number: _____ | Contact Number: _____ |
| Dates of Employment: _____ | Dates of Employment: _____ |
| Salary: _____ per: _____ | Salary: _____ per: _____ |
| List any additional income and its source: _____ | List any additional income and its source: _____ |

NOTE: A lease must be signed within 3 days of acceptance of application. All application fees are non-refundable. Security deposit must be received at the time of signing lease. You will have one full business day to change your mind, you must give written notice to our office or security deposit will not be returned.

CREDIT VERIFICATION

Additional Information

When would you like to move in? _____.

How much notice will you need to give your current landlord? _____.

How long do you intend to rent this property? _____.

Are you subject to transfer? _____.

Planning to buy a home? _____.

Going into military service or currently active duty? _____.

Do you or anyone in the Household: Smoke? _____ Have a Waterbed? _____

Have Pets? _____ If so, what kind and how many? _____

Have you ever filed Bankruptcy? _____ If so, what chapter? _____ Date Discharged? _____ .

Have you ever been evicted? _____ If so, explain: _____

Have you or anyone listed ever been convicted of a felony? _____ If so, explain: _____

Vehicle Information

Vehicle #1: Make/Model: _____ Year _____ Tag# _____ Exp. Date _____

Vehicle #2: Make/Model: _____ Year _____ Tag# _____ Exp. Date _____

List additional vehicles: _____

List 3 personal references, include relationship and contact number:

1. _____

2. _____

3. _____

I/We declare that the statements provided in this application are true and correct to the best of my knowledge and I/We hereby give authorization to release information for verification of all statements given on this application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

BACKGROUND INVESTIGATION CONSENT FORM

The undersigned, _____ (Applicant) and/or (Co-Applicant), hereby gives Impact Realty permission to complete a full investigation of my application by whatever means deemed necessary. This will include, but is not limited to, employment, including salary, rental verification, a credit report, criminal background search, education, references, MVR, Sexual Offense Registries, Bankruptcy, Collection/Judgment verification or verification of any other that may be deemed necessary. Any omissions can result in the declination of your application.

Applicant Full Name: _____

SSN# _____ Date of Birth: _____

EMAIL ADDRESS: _____

Drivers License #: _____ State Issued: _____

Current Address: _____

City State Zip

Previous Address: _____

City State Zip

Nick names or any other names used, including Maiden Names: _____

Daytime Telephone #: _____ May we call you at this number? _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Co-Applicant Full Name: _____

SSN# _____ Date of Birth: _____

EMAIL ADDRESS: _____

Drivers License #: _____ State Issued: _____

Current Address: _____

City State Zip

Previous Address: _____

City State Zip

Nick names or any other names used, including Maiden Names: _____

Daytime Telephone #: _____ May we call you at this number? _____

Signature: _____ Date: _____

Witness: _____ Date: _____