

Fax to: _____
 Fax # _____
 Date _____ Pages _____
 From: _____

RENTAL APPLICATION

**We require all applicants to submit a copy of a photo ID for identity verification*

Applicants Last Name	First	Middle	Birth Date	Driver's License No. & State
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Spouses' Name		Birth Date	Driver's License No. & State

Expected Move In Date:	Other Occupants (Please list name and relationship):
_____	(1) _____ (2) _____

Email Address:	Cellphone Number:
_____	_____

Residence History

Present Address	City	State	Zip
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Previous Residence Address	Previous Landlord:
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Employment History

Applicant Employed By:	How Long?	Address:
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Spouse Employed By:	How Long?	Address:
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Vehicle Information

Auto No 1 - Model	Make	Year	Color	State, County
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Auto No 2 - Model	Make	Year	Color	State, County
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Leasing Information

Apartment type (circle one)				
Efficiency	Small One Bed	Med One Bed	Large One Bed	Two Bed Flat

Apartment location (circle one)			
902 Ashley Rd	South Greenwood Dr	Seminole Drive	

How Did You Hear About Us? (circle one)					
Newspaper	Radio/TV Ad	Web Page	Drive By	Saw Flyers	Apartment Guide

Where Are You Moving From	What Is Your Reason For Reloc
City: _____ State: _____	_____

Are You A Student?	If yes, please list grade for the upcoming school year.
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Emergency Data

Contact Name	Relationship	Address
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Contact Name	Relationship	Address
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I agree to pay a \$25 application fee. I understand my security deposit will hold the apartment until the apartment of April, May, and June, \$100 will hold my apartment and be applied to my security deposit. Pro-rated rent and prior to move in or no later than three days after made ready. Notice of made ready status will be made by call after 3 days, rent will be charged regardless of move in date. An administration fee of \$45.00 will be automatic time of payment. I understand I may cancel this application with written notice within 48 hours and receive the fee. By canceling this application after my 48 hour cancellation period is up, the deposit will be forfeited. By signing purposes, a past rental reference, credit report, and criminal check will be obtained from my social security number and driver's license for identity verification.

Applicant's Signature _____ Date _____ Spouse's Signature _____

Evergreen Terrace Apartments
902 Ashley Rd OFC
Johnson City, TN 37604
926-1769 Fax: 423-926-6669

Social Security Number
Social Security Number
Other Contact #:
Area Code Phone:
Area Code Phone:
Area Code Phone:
Area Code Phone:
License Tag Number
License Tag Number
Two Bed TH
Resident Referral _____
Current School?
Phone
Phone

the remainder of deposit must be paid
ing the above provided phone number,
cally deducted from my deposit at the
deposit minus the \$45 administration
gning this, I understand that for rental
nber. I agree to provide a copy of my

----- Date -----