

RENTAL APPLICATION

Property Name: 129 Rentals

Property Location: _____

Landlord Name: Darren & Tracy Caughron

Proposed Move-In Date: _____

APPLICANT INFORMATION:

Name of Applicant: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ SSN: _____

Driver's License Number: _____

Vehicle Model: _____ Year: _____

License Plate Number: _____

Total Number of Vehicles to be at the Property: _____

Make & Model of Each Vehicle: _____

Within the past 10 years, have you:

Been Evicted from any property:	YES	NO
Filed Bankruptcy:	YES	NO
Been Convicted of any offense other than traffic violation:	YES	NO

If Yes, Date and Offense: _____

Number of Proposed Occupants: Adults _____ Children: _____

Age of Children: _____

Water bed: YES NO Smokers: YES NO Pets: YES NO

Number of Pets: _____ Breed of Pets: _____

How Long Do You Anticipate Renting (# of Months &/or Years): _____

Are You in the Process of Building a New Home?: YES NO

If Yes, Anticipated Completion Date: _____

CURRENT RESIDENCE:

Present Address: _____

How Long: _____

Current Landlord's Name: _____

Landlord's Phone Number: _____

Current Rent \$ _____

Reason for Moving: _____

PREVIOUS RESIDENCE:

Prior Address _____

How Long: _____

Prior Landlord's Name: _____

Prior Landlord's Phone Number: _____

Prior Rent Payment: \$ _____

Reason for Moving: _____

EMPLOYMENT:

Employer: _____

How Long: _____

Phone Number: _____

Address: _____

Supervisor: _____

Position: _____

Monthly Income: \$ _____

REFERENCES (Please Provide 5 References):

1. _____

Relationship: _____

Address: _____

Phone Number: _____

2. _____

Relationship: _____

Address: _____

Phone Number: _____

3. _____

Relationship: _____

Address: _____

Phone Number: _____

4. _____

Relationship: _____

Address: _____

Phone Number: _____

5. _____

Relationship: _____

Address: _____

Phone Number: _____

CO-APPLICANT INFORMATION (If Applicable):

Name: _____

Relationship to Applicant: _____

Date of Birth: _____ Phone Number: _____

Driver's License Number: _____

Vehicle Model: _____ Year: _____

License Plate Number: _____ Monthly Income: \$ _____

Employer: _____ How Long: _____

Employer's Phone Number: _____

I promise that the information on this application is true and correct to the best of my knowledge and authorize Darren or Tracy Caughron to verify all information and check references. I understand that the verification process may include a Credit Report, Employment Verification, Courthouse Public Records, Bank Account Information, and Criminal Back-Ground Checks.

Applicant's Signature **Date**

Co-Applicant's Signature **Date**

Client Information

Name: 129 Rentals
 Phone #: 865-223-1065
 email #: tracye129rentals.com



PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!

CO-APPLICANT'S MUST COMPLETE A SEPARATE APPLICATION!

Personal Information	Applicant's Name: _____ Social Security #: _____ D/O/B: _____	
	Applicant Drivers License #: _____ State: _____	
	Spouse's Name: _____ Social Security #: _____ D/O/B: _____	
	Spouse's Driver's License #: _____ State: _____	
	Home Phone #: _____ Cell Phone #: _____ Names, ages, and relationships of anyone else who will occupy the residence: _____	
Residential Information	Current Address: _____ Number Street City State Zip Code	
	Landlord's Name: _____ Landlord's Phone: _____	
	Dates of Residence: _____ Amount of rent paid: _____	
	Previous Address: _____ Number Street City State Zip Code	
	Landlord's Name: _____ Landlord's Phone: _____	
	Dates of Residence: _____ Amount of rent paid: _____	
	Previous Address: _____ Number Street City State Zip Code	
	Landlord's Name: _____ Landlord's Phone: _____	
	Dates of Residence: _____ Amount of rent paid: _____	
	Employment Information	Applicant's Employer: _____ Supervisor: _____
		Employer Address/Location: _____ Phone: _____
		Position: _____ Date of Hire: _____ Salary: _____
Spouse's Employer: _____ Supervisor: _____		
Employer Address/Location: _____ Phone: _____		
Position: _____ Date of Hire: _____ Salary: _____		
Miscellaneous	Pet: (Y) (N) Type(s): _____ Weight(s): _____ Age(s): _____	
	Auto Make(s): _____ Model(s): _____ Tag(s): _____	
	Emergency Contact: (1) _____ Name Phone# Complete Address Relationship	
	Emergency Contact: (2) _____ Name Phone# Complete Address Relationship	
	Emergency Contact: (3) _____ Name Phone# Complete Address Relationship	

Failure to complete application in full will result in a processing delay!

Please be certain that ALL applicants sign the authorization form on next page. Applications will NOT be processed without authorization form.



Authority for Release of Information

In connection with my application for rental property and in accordance with state law, I authorize Tenant Screening Solutions to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous rental information, current and previous employment information with salary, personal reference information, a consumer credit report, criminal records, banking information, and any other information requested. These requests may include information concerning my character along with ability to pay rent. I understand that a third party consumer reporting agency is being used to investigate this information, and therefore consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification to provide the information in its files on me at the time of my request. I further authorize the ongoing procurement of the above mentioned reports at any time during my tenancy.

Full printed name of applicant: _____

Full printed name of co-applicant: _____

Signature of applicant

Date

Signature of co-applicant

Date