

RENTAL APPLICATION



PROPERTIES

Charlotte 423-667-5760
1615 Lois St Cleveland TN 37311
www.kaceproperties.com

Separate Application Required for Each Applicant

Rental Property Address **Norman Chapel**

Term of Rental: YEAR TO YEAR

<u>Tenant Financial Obligation Prior to Occupancy</u>		<u>CONTACT CHECKLIST</u>
First Month's Rent:	900	Current Landlord Contacted - Timely Remittance
		[] Yes [] No
		Current Employer Verified:
		Credit Report Determination:
Security Deposit	450	[] Yes [] No
		Income Verified (pay stub, employer, etc.)
TOTAL:	1350.00	[] Yes [] No

DEPOSITS ARE NON REFUNDABLE

DESIRED DATE OF MOVE-IN:

DESIRED LEASE TERM (check one): [x] 1 YEAR TERMS 2 YEAR LEASE SECURES CURRENT RENT

UNIT TYPE: [] 1 [x] 2 [] 3 BR [] 4 Bedroom

APPLICANT INFORMATION:

Name (full legal name): _____

Social Security Number: _____ - _____ - _____ DOB: ____ / ____ / ____

Home Phone: _____ Work Phone: _____

Driver's License / ID Number: _____ State: _____

EMAIL ADDRESS: _____

SPOUSE INFORMATION:

NAME: _____

Social Security Number: _____ DOB: _____

Home phone: _____ Cell: _____

Driver's License number: _____
Email: _____

NAME OF OCCUPANTS AND RELATIONSHIP TO APPLICANT:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

APPLICANT / OCCUPANT VEHICLE(S):

Make: _____ Model: _____ Year: _____ Tag#: _____

Make: _____ Model: _____ Year: _____ Tag#: _____

EMPLOYMENT HISTORY:

Current Employer:

Name and Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Begin _____ Still employed? (check one) ☐ yes ☐ no

Previous Employer

Name and Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Begin _____ End _____

RENTAL HISTORY:

Current Address: _____

Dates Lived at This Address: From _____ to _____

Reason for leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: _____

Previous Address: _____

Dates Lived at This Address: From _____ to _____

Reason for leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: _____

INCOME:

Gross Monthly Employment Income Before Deductions: \$ _____

Gross Monthly Income From Other Sources (average): \$ _____

TOTAL GROSS MONTHLY INCOME: \$ _____

MISCELLANEOUS: (check appropriate answer)

Absolutely no Pets!

Do you smoke? ____ yes ____ no UNITS ARE NON SMOKING!

Do you plan to have water filled furniture on the rental property? ____ yes ____ no If yes, detail below.

Have you ever been evicted? ____ yes ____ no If yes, explain below.

Have you ever been convicted of a felony? ____ yes ____ no If yes, explain below.

Have you ever filed for bankruptcy? ____ yes ____ no If yes, explain below.

Explanation: _____

APPLICANT PERSONAL REFERENCES:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

APPLICANT EMERGENCY CONTACT INFORMATION:

Contact in Emergency (Name): _____ Relationship: _____

Emergency Contact Address: _____ Phone: _____

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my lease or rental agreement may be terminated if I have made any false, misleading or incomplete statement(s) in this application. I hereby authorize verification of all information provided in this application, including financial and credit information, via credit bureaus and/or contact with current and previous employers, current and previous landlords and personal references.

TENANT SIGNATURE

TENANT SIGNATURE:

Tenant must also sign the Landlord Reference Sheet.



LANDLORD REFERENCE CHECK FORM

This applicant for our property has listed you as a previous landlord. Please help us by filling out this information and faxing or emailing it back to us. Thank you for your time.

Charlotte Jones

423-667-5760

charlotte@kaceproperties.com

Previous Landlord: _____

Company/Relationship: _____

Phone #: _____

Address (if mailing): _____

Date: _____

Applicant name: _____

I authorize _____, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature _____

Date _____

Signature _____

Date _____

To be completed by landlord

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____

If the resident was late on the rent, how late? _____

How often? _____ Comments _____

How much rent was paid each month by this resident? _____

3. Did you receive a security deposit? _____

How much of it was returned to the resident? _____

4. Did the resident, their guests, or their family damage the apartment or the property? _____

Did they pay for the damages? _____ Amount of damages \$ _____

5. Were the police ever called as a result of the disturbance? _____ Date _____

Comments: _____

Were there problems with the neighbors? _____

7. Does the resident have pets or other potential problems that may be important for a landlord to know? _____

8. Did the resident violate the lease agreement in any way? _____

Comments: _____

9. Did the resident give you proper notice for vacating? _____

Reason for leaving? _____

Would you re-rent to this resident? _____

11. What previous address do your records indicate? _____

Comments: _____

Signature: _____

Date: _____

Title: _____

Company: _____