

1029 Campbell St. · Suite 101 · Jackson, TN 38301

Application for Rental with Section 8

Name:	
Date of Birth:	Social Security #:
Present Address:	
Phone Number:	Email Address:
Present Landlord Name:	Landlord Phone:
How long at this address:	When is your lease up:
How much is your total rent:	What is your portion:
Why are you looking to move:	
Employer:	Length of Employment:
Driver's License #:	Kids:(Ages:)
Is there smoking in the home:	_ Animals (Inside or outside? What kind?):
Are you with THDA or JHA:	
How long have you been on the progra	m? Or are you new?:
What bedroom size voucher do you ha	ve: When does your voucher expire:
Who is your caseworker:	
What rent are you looking to pay:	Earliest date you can move:
How did you find out about us:	
INVESTIGATE MY CREDIT WORTHINESS I/WE HEREBY AGREE THAT THE CREDIT IF THIS APPLICATION IS ACCEPTED, I/W OWNERS IN ACCORDANCE WITH TERM	D RENOVATIONS, OWNER, OR THEIR ASSIGNS, TO VERIFY AND/OR , JOB HISTORY, RENTAL REFERENCES, AND PERSONAL REFERENCES. REPORT FEE WE PAY THIS DATE WILL BE NON-REFUNDABLE AND THAT E AGREE TO MAKE A DEPOSIT OF <u>\$</u> WHICH WILL BE HELD BY IS OF THE LEASE AGREEMENT.
APPLICANT(S):	