

rental application

LUXURY TOWNHOUSE MANAGEMENT

9052 Middlebrook Pike Knoxville, TN 37923
Phone: (865) 690-6681 Fax: (865) 690-6394

\$40 Application Fee
Per Applicant

LTM must have an application on
all residents over the age of 18.

Applicant's Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Email Address: _____ Cell Number: _____

Spouse's Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Email Address: _____ Cell Number: _____

ARE YOU A UNITED STATES CITIZEN? YES NO

(If NO, you must provide verification of visa, passport, etc. with this application. We will not be able to accept this application without this information)

OTHER OCCUPANTS, CHILDREN, ROOMMATES:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

CURRENT ADDRESS: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Month and Year Moved In: _____ Reason for Leaving: _____

Owner / Agent: _____ Phone Number: _____

PREVIOUS ADDRESS: _____

City: _____ State: _____ Zip: _____ Month and Year Moved In: _____

Owner / Agent: _____ Phone Number: _____

In the past 5 years, have you ever leased, been lease holder, cosigned, or resided in any other apartment and/or rental property other than those listed above? YES NO

If yes, list all: _____

EMPLOYMENT INFORMATION: (FOR KNOXVILLE) Full time _____ Part Time _____ Student _____ Retired _____

CURRENT EMPLOYER: _____ Date Employed: _____

Position: _____ Your Work Phone: _____, Ext. _____

Supervisor: _____ Supervisor's Phone: _____, Ext. _____

Employers Address: _____ City: _____ State: _____ Zip: _____

Salary: \$ _____ per _____ If less than 6 months, give name & address of previous: _____

SPOUSE'S EMPLOYER: _____ Salary: \$ _____ per _____

Position: _____ Your Work Phone: _____, Ext. _____

Supervisor: _____ Supervisor's Phone: _____, Ext. _____

Employers Address: _____ City: _____ State: _____ Zip: _____

Have you ever: Filed bankruptcy _____, Been evicted for tenancy _____, Willfully refused to pay rent when due _____

PETS: WILL YOU BE BRINGING A PET? **YES** **NO** If Yes, How many: _____

Type of pet: _____ Breed: _____ Weight: _____

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All pets are subject to manager's approval and must be spayed or neutered. We do have some breed restrictions. **I understand that there is a \$300 pet fee per animal.** This is to be paid on the day that I move in and is non-refundable. If I do not have an animal upon move-in but decide to get an animal once I am a resident, I will pay the \$300 pet fee before bringing the animal into the home. I also understand that some homes cannot have pets.

VEHICLE INFORMATION:

Your Driver's License Number: # _____ State: _____ Verified By: _____ Date: _____

Spouse's Driver's License Number: # _____ State: _____ Verified By: _____ Date: _____

A copy of each applicant's valid driver's license must be submitted with this application.

How many vehicles will you have while residing at LTM? _____ Please list all below:

Vehicle Make/Model: _____ Year: _____ Color: _____ Tag #: _____ State: _____

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EMERGENCY CONTACT: _____ Phone: _____ Relationship: _____

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Please tell us how you first heard of our communities: _____

I hereby give a \$_____ deposit and a \$_____ administration fee as earnest money to be refunded to me if this application is not accepted. Upon acceptance of this application, this money shall be retained. **If applicant does not lease the home after a 72-hour period has expired, the earnest money is not refundable.** I declare that the statements above are true and correct, and I hereby authorize verification of references given and a credit check. Any falsification of the above information can result in the denial of this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

HOME INFORMATION:

House: _____ Monthly Rent: _____ Move-In Date: _____ Lease Term: 12 months

I have read and agree that the above information is correct: _____
(Applicant's Initials)

Office use only:

Leasing Agent: _____ Date Leased: _____

Application: Approved Declined By: _____ Date: _____

If Approved: Resident Contacted: _____ Date: _____

If Declined: Resident Contacted: _____ Letter Sent: _____