



**Nia Association**

**375 Dover Rd.  
Clarksville, TN 37042  
Phone: 931-906-3993 Fax: 931-503-0472**

**Rental Application**

The undersigned hereby makes an application to rent the following property:

Address \_\_\_\_\_

Anticipated move date of \_\_\_\_\_ at a monthly rent of \$ \_\_\_\_\_ and security deposit of \$ \_\_\_\_\_.

**PLEASE TELL US ABOUT YOURSELF**

**Full Name** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Email Address: \_\_\_\_\_ Optional) Alt # \_\_\_\_\_  
Other Phone ( ) \_\_\_\_\_  
**Co-Applicant Name** \_\_\_\_\_  
Co-Applicant Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Names of Dependents  
Dependents Dates of Birth

Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

List All Pets \_\_\_\_\_

(Note: A pet deposit is required for specific animals)

**PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)**

Current Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Month/Year Moved In \_\_\_\_\_ Reasons for Leaving \_\_\_\_\_  
Rent \$ \_\_\_\_\_  
Owner/Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Previous Address(es) (last 3 years) \_\_\_\_\_

Rent \$ \_\_\_\_\_  
Owner/Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If less than 3 years, list on the back of this sheet other addresses

**PLEASE DESCRIBE YOUR CREDIT HISTORY**

Have you declared bankruptcy in the past seven (7) years? Yes\_\_\_\_\_ No\_\_\_\_\_
Have you ever been evicted from a rental residence? Yes\_\_\_\_\_ No\_\_\_\_\_
Have you had two or more late rental payments in the past year? Yes\_\_\_\_\_ No\_\_\_\_\_
Have you ever willfully or intentionally refused to pay rent when due? Yes\_\_\_\_\_ No\_\_\_\_\_
Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_

**PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION**

Name and Address of Employer \_\_\_\_\_

Dates Employed\_\_\_\_\_ Employed as\_\_\_\_\_
Supervisor Name\_\_\_\_\_ Phone ( )\_\_\_\_\_
Salary \$\_\_\_\_\_ per\_\_\_\_\_.

(If employed by above less than 12 months, provide name & phone of previous employer or school: \_\_\_\_\_.)

Please list other income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$\_\_\_\_\_ Source/Contact\_\_\_\_\_
Name\_\_\_\_\_

**PLEASE LIST YOUR REFERENCES**

**Banking Accounts:**

Name\_\_\_\_\_ Type of Account\_\_\_\_\_ Account Number\_\_\_\_\_
Name\_\_\_\_\_ Type of Account\_\_\_\_\_ Account Number\_\_\_\_\_

**Personal Reference or Emergency Contact:**

Name\_\_\_\_\_
Address\_\_\_\_\_
Phone\_\_\_\_\_ Relationship\_\_\_\_\_

**Driver's License:**

Your Driver's License Number\_\_\_\_\_ State\_\_\_\_\_

**Vehicle Information:**

Make / Model\_\_\_\_\_ Year\_\_\_\_\_ License Plate No.\_\_\_\_\_
State\_\_\_\_\_

**Vehicle Information:**

Make / Model\_\_\_\_\_ Year\_\_\_\_\_ License Plate No.\_\_\_\_\_
State\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # ( ) \_\_\_\_\_ Night Phone # ( ) \_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted in 3 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: X \_\_\_\_\_  
Name of Applicant Date

**AUTHORIZATION  
Release of Information**

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner/manager.

\_\_\_\_\_  
Name (please print)

X \_\_\_\_\_  
Signature Date

**APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)**

Deposit of \$ \_\_\_\_\_ Received by \_\_\_\_\_  
Date \_\_\_\_\_

OFFICE NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_