

Woodgate Apartments

701 Cedar Lane
Knoxville, TN 37912
(865) 688-8866

Today's Date _____

RENTAL APPLICATION

FOR OFFICE USE ONLY

Move-In Date _____
Apt.No. _____ Rent \$ _____
Terms _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____
Social Security No. _____ Driver's License No./State _____
CO-APPLICANT'S FULL NAME _____ Date of Birth _____
Social Security No. _____ Diver's License No./State _____
Full Name(s) of Additional Occupants _____ Relationship _____ Date of Birth _____

RESIDENCE HISTORY

PRESENT ADDRESS _____ Zip Code _____
Current Telephone No. _____ Dates From _____ to _____
Present Landlord or Mortgage Co. _____ Telephone _____
Monthly Payment \$ _____ Reason for Moving _____
PREVIOUS ADDRESS _____
Dates From _____ to _____ Monthly Payment \$ _____
Previous Landlord or Mortgage Co. _____ Telephone _____
Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates: From _____ to _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Gross Monthly Salary \$ _____
CO-APPLICANT'S EMPLOYER _____ Dates From _____ to _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Gross Monthly Salary \$ _____

OTHER INFORMATION

If there are other sources of income you would like us to consider, please list income, source, and person to 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 \$ _____ per _____ Source _____ Telephone _____
Amount \$ _____ per _____ Source _____ Telephone _____

VEHICLES

Make/Model _____ Year _____ Color _____ Tag No./State _____
Make/Model _____ Year _____ Color _____ Tag No./State _____

Recreational vehicles, boats, and trailers are prohibited.

Emergency Contact : Name _____ Relationship _____
Home Phone _____ Work Phone _____

*I hereby make application for an apartment and certify that this information is correct. I authorize you to obtain my consumer credit report, which will appear as an inquiry on my credit file, to conduct a criminal background check, and to verify information and references given. It is understood that the deposit amount received, \$ _____, will be returned if applicant is not accepted as a resident. If accepted and subsequently the resident cancels the application after 72 hours of placing the deposit, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the Resident as compensation for holding the apartment off the market. **Application fees are non-refundable.***

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Application given by: _____

Application Fee Paid: _____ Total: _____

Move-In Special: _____

Deposit Paid: _____ Total: _____

