

Homestead Properties Rental Application
1604 Cherokee Road
Johnson City, TN 37604
(423)926-6582 Fax (423) 929-2805
homesteadapartment@comcast.net

Date:	Apartment Complex:	Apartment #	Lease Term:	Rental Rate \$
<hr/>				
Name: _____ Birth Date: _____				
Social Security # _____ Single: _____ Married: _____ DL #/State _____				
Home Phone: _____ Work Phone: _____ Cell Phone: _____				
E-Mail Address: _____				
Spouse's Name: _____ Birth Date: _____				
Social Security # _____ DL #/State _____				
Home Phone: _____ Work Phone: _____ Cell Phone: _____				
E-Mail Address: _____				
Present Address: _____				
City: _____ State: _____ Zip Code: _____				
Community Name: _____ Apartment # _____				
Landlord: _____ Phone # _____				
At this Address from _____ to _____ Monthly Rent: _____				
Previous Address: _____				
City: _____ State: _____ Zip Code: _____				
Community Name: _____ Apartment # _____				
Landlord: _____ Phone # _____				
At this Address from _____ to _____ Monthly Rent: _____				
Have you ever been evicted? _____ Where? _____ Why? _____				
Have you ever broken a lease? _____ Where? _____ Why? _____				
Employer: _____ Phone # _____				
Address: _____				
City: _____ State: _____ Zip Code: _____				
Position: _____ Supervisor: _____ Phone# _____				
Employed here from: _____ to _____ Monthly Salary \$ _____				
Spouse's Employer: _____ Phone # _____				
Address: _____				
City: _____ State: _____ Zip Code: _____				
Position: _____ Supervisor: _____ Phone# _____				
Employed here from: _____ to _____ Monthly Salary \$ _____				

Bank References

1. Name of Bank: _____ Address: _____
2. Name of Bank: _____ Address: _____

Persons to Occupy Apartment

Name: _____ Relationship: _____ D/O/B _____
Name: _____ Relationship: _____ D/O/B _____

Do you have a pet? _____ Age: _____ Type: _____ Weight: _____ lbs.

Have you or your spouse ever been arrested and/or convicted of any misdemeanor or felony? _____

When? _____ Type of arrest/conviction _____

Have you or your spouse ever filed bankruptcy or are either of you presently involved in an active bankruptcy case? _____ If yes, when was the bankruptcy filed? _____ Where was it filed? _____

Emergency Contact

1. Name: _____ Relationship: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

2. Name: _____ Relationship: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

How did you hear about our community? _____

The applicant hereby authorizes Homestead Properties to conduct a credit check that includes, but does not limit to, obtaining a credit report and interviewing the applicant's references and previous landlords. The applicant hereby consents to the credit check process and authorizes any individual listed in this application to speak with Homestead Properties regarding the applicants present or previous credit performance. Applicant further releases any and all individuals who provide information to Homestead Properties from any and all claims which the applicant may have resulting from information provided to Homestead Properties. The applicant also authorizes the release of information based upon reliance of either photocopies or facsimiles of the authorization. The undersigned applicant certifies that the above information is true and correct and hereby authorizes verification of the same. Any false information in the application shall result in immediate denial of application and or termination of any lease resulting from acceptance of this application. If accepted as a resident, this application is to become a part of the lease file. All information provided will be kept in confidence.

**A non-refundable application fee of \$ _____ charged for each application. Date rec. _____ Check No. _____
Security Deposit received in the amount of \$ _____ Date rec. _____ Check No. _____**

Security deposit is hereby acknowledges as a non-interest bearing deposit and not a rental payment. If for any reason the management decides to decline the applicant, management will refund the security deposit in full. Once the application is approved, the applicant must cancel within 24 hours in order to receive a full refund of their security deposit. Cancellations after 24 hours will result in automatic forfeit of the entire security deposit.

Applicant's Signature _____ Date _____
Hand Signature Required Also

Applicant's Signature _____ Date _____
Hand Signature Required Also

Directions: (The yellow section is for OFFICE USE ONLY! Thank You...)

1. Please fill out the form above, if the question does not apply to you put N/A for not applicable.
2. When you are done filling the form out, please review it and make sure all the information you enter is correct to the best of your knowledge.
3. After CAREFUL REVIEW, please print two (2) copies of the application off. One is for your records and the other is to be mailed, faxed or dropped off to the leasing office at the address below.
4. Make sure you have hand signed the application, without signature it cannot be processed.
5. Please mail the completed application or drop it off to:

Homestead Properties
Attn: Leasing Office
1604 Cherokee Rd
Johnson City, TN 37604

6. Once we receive and review your application, we will be in contact with you.

Thank you for your interest in our property. If you have any questions,
Contact us at:

Phone: (423) 926-6582

Fax: (423) 929-2805

Email: homesteadapartment@comcast.net