

# RENAISSANCE ASSOCIATES PROPERTIES

# APPLICATION FOR LEASE

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**EACH PROSPECTIVE TENANT 18 YEARS OF AGE AND OLDER MUST COMPLETE THIS FORM AND RETURN IT WITH: 1) A COPY OF THEIR DRIVER'S LICENSE, 2) PROOF OF EMPLOYMENT AND 3) PROOF OF INCOME AND \$40.00. SORRY, NO SMOKERS. USE LAST PAGE FOR NOTES.**

PROPERTY ADDRESS: \_\_\_\_\_ DESIRED MOVE-IN DATE: \_\_\_\_\_

\_\_\_\_\_  
FIRST NAME / MIDDLE NAME(S) (NOT INITIAL) / LAST NAME

FORMER LAST NAMES (MAIDEN, MARRIED) AND OTHER NAMES YOU HAVE BEEN KNOWN BY: \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LIC. # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PERSONAL PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOW DO YOU PREFER TO BE CONTACTED & WHEN: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

MY LEASE BEGAN: MONTH: \_\_\_\_\_ YEAR \_\_\_\_\_ MY LEASE ENDED OR ENDS: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ MONTHLY RENT \_\_\_\_\_

Are You in Good Standing With Your Landlord? Yes \_\_\_ No \_\_\_ Have You Provided Your Current Landlord with 30 Days Notice? Yes \_\_\_ No \_\_\_

CURRENT LANDLORDS NAME: \_\_\_\_\_ APARTMENT COMPLEX: \_\_\_\_\_

LANDLORD/COMPLEX TEL. NO. (s) \_\_\_\_\_ / \_\_\_\_\_ (REQUIRED)

## CURRENT EMPLOYMENT

EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ YRS. \_\_\_\_\_ MONTHS

OCCUPATION: \_\_\_\_\_ EMPLOYER ADDRESS: \_\_\_\_\_

DIRECT SUPERIOR: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_ MAIN PHONE NO.: \_\_\_\_\_

I AM PAID \$ \_\_\_\_\_ (BRING HOME) EVERY: (CIRCLE ONE) WEEK 2-WEEKS MONTH I MAKE \$ \_\_\_\_\_ PER YEAR

## OTHER INCOME

ANY ADDITIONAL INCOME: \_\_\_\_\_ DESCRIBE \_\_\_\_\_

SOCIAL SECURITY INCOME MONTHLY: \_\_\_\_\_ CHILD SUPPORT MONTHLY: \_\_\_\_\_

## CERTIFICATIONS AND AUTHORIZATIONS

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of my security deposit.

I authorize my present or past employers, landlords or their agents, banks, creditors, credit bureau, or personal friends or strangers to give or provide such information regarding my history or application with them or their organization as may be requested by Renaissance Associates and any of their authorized agents. I also authorize Renaissance Associates and their agents, to report credit or personal information to others regarding my status with them. The above authorizations are provided to Renaissance Associates and any of their agents without an expiration date and may be performed at anytime in the future without my further consent. These inquiries include information as to character, general reputation, mode of living, rental history, and anything deemed necessary by Renaissance Associates and their agents.

I fully agree that an application fee is for the purpose of verifying the information submitted on this application. It is understood that this sum is non-refundable and can in no way be considered a deposit to hold the dwelling. It is agreed that other applications may have already been and will continue to be accepted.

## AGENCY REPRESENTATION

Applicant hereby specifically acknowledges that Renaissance Associates (defined as Agent for Owner) is the exclusive agent and representative of the Owner of this Rental Property and does not, in any respect, have any fiduciary or other agency responsibilities to Applicant. Applicant also acknowledges that Agent for Owner orally advised Applicant of its exclusive representation of Owner prior to the time the Applicant was asked for confidential information and prior to Applicant's conveying any confidential information to Agent for Owner.

TO BE COMPLETED BY AGENT

PICTURE ID PRESENTED

YES \_\_\_ NO \_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ SIGNATURE

## EMPLOYMENT HISTORY

PREVIOUS EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ FROM \_\_\_\_\_ (YR.) TO \_\_\_\_\_ (YR.)  
DIRECT SUPERIOR: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_  
PREVIOUS EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ FROM \_\_\_\_\_ (YR.) TO \_\_\_\_\_ (YR.)  
DIRECT SUPERIOR: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

HAVE YOU EVER: (CHECK YES OR NO FOR EACH QUESTION – USE BACK FOR ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW)

BEEN EVICTED OR REQUESTED TO VACATE A PROPERTY?	YES _____	NO _____
REFUSED TO PAY RENT?	YES _____	NO _____
HAD YOUR WAGES GARNISHED?	YES _____	NO _____
HAD A SECURITY DEPOSIT NOT REFUNDED?	YES _____	NO _____
BROKEN A LEASE?	YES _____	NO _____
BEEN SUED FOR DAMAGE TO RENTAL PROPERTY?	YES _____	NO _____
SUED BY LANDLORD OR INCLUDED A LANDLORD IN A BANKRUPTCY?	YES _____	NO _____
DECLARED BANKRUPTCY?	YES _____	NO _____
BEEN ARRESTED OR CONVICTED FOR A VIOLENT CRIME?	YES _____	NO _____
BEEN ARRESTED OR CONVICTED FOR DRUGS?	YES _____	NO _____
BEEN ARRESTED OR CONVICTED FOR A SEX CRIME?	YES _____	NO _____
ARE YOU SUBJECT TO BEING TRANSFERRED BY YOUR JOB?	YES _____	NO _____
WILL YOU BE ABLE TO PAY YOUR RENT BY THE FIRST DAY OF EACH MONTH?	YES _____	NO _____
WILL YOU BE ABLE TO PLACE UTILITIES IN YOUR NAME?	YES _____	NO _____
DO YOU SMOKE?	YES _____	NO _____

HOW MANY ANIMALS WILL RESIDE HERE ON A FULL OR PART-TIME BASIS? LIST AND DESCRIBE

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

## HOUSING HISTORY

PREVIOUS ADDRESS (NOT CURRENT ADDRESS): \_\_\_\_\_ RENT PER MONTH \_\_\_\_\_

HOW LONG WERE YOU AT THIS ADDRESS? \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

DID YOU LEAVE IN GOOD STANDING? \_\_\_ Yes \_\_\_ No IF NO, WHY? \_\_\_\_\_

LANDLORD / APT COMPLEX NAME (IF DIFFERENT FROM ADDRESS) \_\_\_\_\_

TEL # \_\_\_\_\_ (REQUIRED) DID YOU GIVE 30 DAYS NOTICE BEFORE LEAVING? \_\_\_ Yes \_\_\_ No WAS ALL DEPOSIT RETURNED? \_\_\_ Yes \_\_\_ No

NEXT PREVIOUS ADDRESS (NOT CURRENT ADDRESS): \_\_\_\_\_

RENT PER MONTH \_\_\_\_\_ HOW LONG WERE YOU AT THIS ADDRESS? \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

DID YOU LEAVE IN GOOD STANDING? \_\_\_ Yes \_\_\_ No IF NO, WHY? \_\_\_\_\_

LANDLORD / APT COMPLEX NAME (IF DIFFERENT FROM ADDRESS) \_\_\_\_\_

TEL # \_\_\_\_\_ (REQUIRED) DID YOU GIVE 30 DAYS NOTICE BEFORE LEAVING? \_\_\_ Yes \_\_\_ No WAS ALL DEPOSIT RETURNED? \_\_\_ Yes \_\_\_ No

WILL YOU BE ABLE TO PAY YOUR RENT EACH MONTH ON THE 1<sup>ST</sup>? YES/NO \_\_\_\_\_ (SIGN)

HOW MANY PLACES HAVE YOU LIVED IN THE LAST 10 YEARS: \_\_\_\_\_? HOW MANY CITIES HAVE YOU LIVED IN DURING THE PAST 10 YEARS: \_\_\_\_\_?

LIST CITY, COUNTY AND STATE: \_\_\_\_\_

**PERSONAL REFERENCES**

	NAME	ADDRESS	PHONE	CITY	STATE	RELATIONSHIP
1						
2						
3						

**LIST ALL PERSONS WHO WILL RESIDE AT THE PROPERTY**

	NAME	AGE	SOCIAL SECURITY NO.	RELATIONSHIP TO PRIMARY TENANT	SMOKE Y/N
1					
2					
3					
4					
5					

**LIST ALL VEHICLES TO BE PARKED ON OR AROUND PREMISES**

	LICENSE NO.	STATE	YEAR	MAKE	MODEL	COLOR
1						
2						

**IN CASE OF EMERGENCY PLEASE NOTIFY (FAMILY, FRIENDS, DR., LAWYER)**

	NAME	ADDRESS	CITY, STATE	PHONE	RELATIONSHIP
1					
2					
3					

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT YOU WOULD LIKE TO VOLUNTARILY SUPPLY WHICH MAY BE USEFUL IN AN EMERGENCY? LIST BELOW:

**BANK REFERENCES**

BANK: \_\_\_\_\_ NAME ON ACCOUNT \_\_\_\_\_  
CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ACCT NO. \_\_\_\_\_ APPROXIMATE BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ NAME ON ACCOUNT \_\_\_\_\_  
CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ACCT NO. \_\_\_\_\_ APPROXIMATE BALANCE: \$ \_\_\_\_\_

**DO YOU HAVE MONEY AVAILABLE TO PAY THE SECURITY DEPOSIT AND 1ST FULL MONTH'S RENT?**

YES No \_\_\_\_\_ (SIGN)

**WILL YOU BE ABLE TO PAY YOUR RENT ON THE 1<sup>ST</sup> OF EACH MONTH?**

YES No \_\_\_\_\_ (SIGN)