

Please fill out and return: Fax: (931) 526-3944 or
837 S. Willow Ave., Cookeville, TN 38501



bockpropertyestn@yahoo.com or
Office #: (931) 526-8504

Every occupant 18 and older must fill out an application

Lease Length: 6 ___ 9 ___ 12 ___ Other ___

RENTAL APPLICATION DATE NEEDED _____ **ROOMS NEEDED** _____
ADDRESS OF LOCATION IF KNOWN _____

Name _____		Cell # _____		Work # _____	
Social Security # _____		Date of Birth _____		Drivers License # _____	
State Issued _____					
Email _____					
Present Address _____		City _____		State _____ Zip _____	
				Phone _____	
				Years _____	
Owner-Manager _____		Phone _____		Rent Amount _____	
				Reason for moving _____	
				\$ _____	
Previous Address _____		City _____		State _____ Zip _____	
				Phone _____	
				Years _____	
Owner-Manager _____		Phone _____		Rent Amount _____	
				Reason for moving _____	
				\$ _____	
Have you ever broken a lease or been evicted from any type of housing? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when & explain _____					
Have you ever filed bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when & explain _____			Have you ever been convicted of a crime? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when & explain _____		
What kind & how many pets do you have? _____				Do you smoke? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Current Employer _____		Address _____		Phone _____	
				Years _____	
Position _____		Salary/Month _____		Supervisor's Name _____	
				Phone _____	
Previous Employer _____		Address _____		Phone _____	
				Years _____	
Position _____		Salary/Month _____		Supervisor's Name _____	
				Phone _____	
Sources and amounts of other income (other than present employment listed above) _____					
Pay History Reference: (List company or individual able to verify payment of monthly bills if you have little or no credit on a credit report)					
Name _____		Address _____		City _____ St _____ Zip _____	
				Phone _____ Relationship _____	
Personal Reference:					
Name _____		Address _____		City _____ St _____ Zip _____	
				Phone _____ Relationship _____	
In Case of Emergency notify:					
Name _____		Address _____		City _____ St _____ Zip _____	
				Phone _____ Relationship _____	
Name, relationship & age of occupants (All persons occupying premises must be listed)					
List all vehicles to be kept on the premises:					
Vehicle Make _____		Model _____		Registered Owner _____	
				Year _____ Color _____	
				Tag # _____ State _____	
The information on this application is strictly confidential and is used for verification of credit qualifications. I agree to allow a full credit check and authorize management to contact any agencies, offices, groups or organizations, or references to obtain and verify any data or materials deemed necessary to complete my application, and/or on an annual basis to evaluate for renewal consideration, or to assist in contacting me should it become necessary to locate me relevant to matters involved in this tenancy. <u>Application fee of \$10 per application is non-refundable.</u>					
Signature _____				Date _____	
				\$10 Application Fee Paid _____	
Office Use Only:		Amount _____		Date _____	
Unit Assigned _____		Deposit _____		Receipt # _____	
				Date Occup _____ CC _____ Lease _____	
Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/> Reason: _____			