

C.J. LOMBARDO COMPANY
DEANE HILL APARTMENTS LLC
7700 GLEASON ROAD
KNOXVILLE, TN 37919
865-690-2581

LEASE APPLICATION

Date: _____

Time: _____ AM PM

Applicant proposes to lease Apartment No. _____ beginning on the ____ day of _____, for the period of _____ months for \$ _____ per month. There is an additional charge of \$30.00 per month for a 6-month lease. Fees in the amount of \$ _____ Dollars are payable with this lease application. If the applicant is rejected, the application fee is withheld and the cleaning fee and administration fee are returned. If the applicant changes his or her mind about the apartment after approval, the Cleaning and Administration fees become forfeited.

Non-Refundable Application Fee **\$50** per adult Non-Refundable Administration Fee **\$200** per apartment.

PAID IN SEPARATE CHECKS OR MONEY ORDERS

ALL QUESTIONS MUST BE COMPLETED IN FULL. APPLICATION WILL NOT BE PROCESSED WITHOUT ONE OF THE FOLLOWING: SOCIAL SECURITY NUMBER, PASSPORT OR GREEN CARD. **PROOF OF RENTER'S INSURANCE, PET FEES, PET RENT, AND SECURITY DEPOSIT REQUIRED AT TIME OF MOVE IN.**

APPLICANT'S FULL NAME _____

PRESENT ADDRESS _____ City _____ State _____ Zip Code _____

HOW LONG AT PRESENT ADDRESS _____ CURRENT RENT _____ PHONE _____

EMAIL ADDRESS _____

LANDLORD NAME _____ LANDLORD PHONE _____

PREVIOUS ADDRESS _____ City _____ State _____ Zip Code _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____

NAME OF EMPLOYER _____ NAME OF SUPERVISOR _____

ADDRESS OF EMPLOYER _____ EMPLOYER PHONE _____

YEARS OF EMPLOYMENT _____ SALARY _____ POSITION _____

DRIVER'S LICENSE# _____ STATE ISSUED _____

SECOND APPLICANT OR SPOUSE IF ANY

APPLICANT'S FULL NAME _____

PRESENT ADDRESS _____ City _____ State _____ Zip Code _____

HOW LONG AT PRESENT ADDRESS _____ CURRENT RENT _____ PHONE _____

EMAIL ADDRESS _____

LANDLORD NAME _____ LANDLORD PHONE _____

PREVIOUS ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____

NAME OF EMPLOYER _____ NAME OF SUPERVISOR _____

ADDRESS OF EMPLOYER _____ EMPLOYER PHONE _____

YEARS OF EMPLOYMENT _____ SALARY _____ POSITION _____

DRIVER'S LICENSE# _____ STATE ISSUED _____

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NUMBER OF PEOPLE WHO WILL OCCUPY APARTMENT? _____ (PLEASE LIST NAME(S) BELOW)

1. _____ DATE OF BIRTH _____
2. _____ DATE OF BIRTH _____
3. _____ DATE OF BIRTH _____

DO YOU HAVE A PET? _____ WEIGHT _____ TYPE _____ AGE _____

HOW DID YOU FIND US? _____ REASON FOR RELOCATION _____

BEEN EVICTED FROM TENANCY? NO _____ YES _____

FILED FOR BANKRUPTCY? NO _____ YES _____ DATE FILED _____ TYPE _____

AUTOMOBILE INFORMATION

1. MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO _____ STATE _____
2. MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO _____ STATE _____

EMERGENCY INFORMATION

IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE NOTIFY:

NAME: _____ RELATION _____ TELEPHONE NO. _____

ADDRESS: _____ CITY _____ STATE _____

AUTHORIZATION

The undersigned hereby agrees for rental of the dwelling unit described herein and represents the facts contained are true. Any false information given will be grounds for immediate rejection of this application, forfeiture of deposit monies, and possible future eviction. Only persons listed on this application may occupy the apartment. Any person over 18 years of age is required to have a credit check completed. I also understand that this application is subject to the approval of the landlord, who I/We authorize to verify all information on the rental application by all means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Applicant authorizes the Lessor and its agents to investigate all credit and personal references given together with any other investigation (including criminal background check) deemed necessary to ascertain the qualifications of the applicant for an apartment. This application is subject to acceptance by the apartment manager/owner and subject to the execution of a properly executed rental agreement covering the apartment and premises.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____