

# FOXGLEN TOWNHOUSES RENTAL APPLICATION

1406 SKYLINE DRIVE, OFFICE  
JOHNSON CITY, TN 37604  
Phone (423) 434-9100/Fax (423) 434-9131

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**Co-Applicant must complete a separate Rental Application**

**Application Fee \$50.00**

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Full Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Best method of contact, please check one: \_\_\_\_\_ call \_\_\_\_\_ text \_\_\_\_\_ email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Co-Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Co-Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Dependents (excluding Co-Applicant) \_\_\_\_\_ Ages/Sex of dependents \_\_\_\_\_

Other Occupants \_\_\_\_\_ Pets \_\_\_\_\_

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**PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Begin with current)**

Current Address \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Owner or Landlord \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Previous Address (If within 3 yrs.) \_\_\_\_\_

Month & Year: Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason \_\_\_\_\_

Owner or Landlord \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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**PLEASE GIVE YOUR EMPLOYMENT INFORMATION**

Employed: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Un-employed \_\_\_\_\_

Employer: \_\_\_\_\_

Date Employed \_\_\_\_\_ Title/Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_

If employed by above less than 6 months, give name and address of previous Employer or School \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, Etc..) who we could 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 \$ \_\_\_\_\_ Source \_\_\_\_\_

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES**

| Bank     | Address | Type of Account |
|----------|---------|-----------------|
| 1. _____ | _____   | _____           |
| 2. _____ | _____   | _____           |
| 3. _____ | _____   | _____           |
| 4. _____ | _____   | _____           |

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License/Tag No. \_\_\_\_\_ State \_\_\_\_\_

2<sup>nd</sup> Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License/Tag No. \_\_\_\_\_ State \_\_\_\_\_

Other Vehicles \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_

Have you ever been evicted from tenancy? \_\_\_\_\_

Willfully or intentionally refused to pay rent when due? \_\_\_\_\_

(Or anyone in your household) Been convicted of a felony? \_\_\_\_\_

Please give any additional information which might help management evaluate this application:

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

I hereby apply to lease the above described premises for the term and upon conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ \_\_\_\_\_ of the deposit will be retained to offset the agent's cost, time and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within 3 business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay the balance of the security deposit within \_\_\_\_\_ business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non acceptance which the owner or his agent may reject without stating any reason for doing so.

I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

**The above information, to the best of my knowledge, is true and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use ONLY below**

Deposit of \$ \_\_\_\_\_ Received by (Name) \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_