

Fill out/ 75 E Veterans Drive J 101,
return: Cookeville, TN 38501



info@ufindrentals.com or
Phone #: (931) 265-1897

Every occupant 18 and older must fill out an application

Lease Length: 6__ 9__ 12__ Other __

RENTAL APPLICATION date needed _____ for (address) _____

Name _____	Cell # _____	Work # _____
Social Security # _____	Date of Birth _____	Drivers License # _____
State Issued _____		
Email _____		

Present Address _____	City _____	State _____	Zip _____	Phone _____	Years _____
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Owner-Manager _____	Phone _____	Rent Amount \$ _____	Reason for moving _____
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Previous Address _____	City _____	State _____	Zip _____	Phone _____	Years _____
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Owner-Manager _____	Phone _____	Rent Amount \$ _____	Reason for moving _____
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Have you ever broken a lease or been evicted from any type of housing? No Yes If yes, when & explain _____

Have you ever filed bankruptcy? No Yes If yes, when & explain _____

Have you ever been convicted of a crime? No Yes If yes, when & explain _____

What kind & how many pets do you have? _____

Do you smoke? No Yes

Current Employer _____	Address _____	Phone _____	Years _____
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Position _____	Salary/Month _____	Supervisor's Name _____	Phone _____
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Previous Employer _____	Address _____	Phone _____	Years _____
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Position _____	Salary/Month _____	Supervisor's Name _____	Phone _____
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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
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Personal Reference:

Name	Address	City	St	Zip	Phone	Relationship
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In Case of Emergency notify:

Name	Address	City	St	Zip	Phone	Relationship
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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
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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. **All applicable application fees are non-refundable.**

Signature _____ Date _____ Time _____ a.m. p.m.

Office Use Only:	Amount	Date	Receipt	Date
Unit Assigned _____	Deposit _____	Rec _____	# _____	Occup _____
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Reason: _____	CC _____	Lease _____