

rental application

Luxury Townhouse Management

Please fax/mail this application to the appropriate office only after speaking with an on-site leasing consultant about availability

Internet Application

LTM must have an application on all residents over the age of 18.

Applicant's Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Spouse's Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

ARE YOU A UNITED STATES CITIZEN? YES NO

(If NO, you must provide verification of visa, passport, etc. within 72 hours of submitting this application. Failure to do so will result in denial of this application)

OTHER OCCUPANTS, CHILDREN, ROOMMATES:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

CURRENT ADDRESS: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Month and Year Moved In: _____ Reason for Leaving: _____

Owner / Agent: _____ Phone Number: _____

PREVIOUS ADDRESS: _____

City: _____ State: _____ Zip: _____ Month and Year Moved In: _____

Owner / Agent: _____ Phone Number: _____

In the past 5 years, have you ever leased, been lease holder, cosigned, or resided in any other apartment and/or rental property other than those listed above? YES NO

If yes, list all: _____

EMPLOYMENT INFORMATION: (FOR KNOXVILLE) Full time _____ Part Time _____ Student _____ Retired _____

CURRENT EMPLOYER: _____ Date Employed: _____

Position: _____ Your Work Phone: _____, Ext. _____

Supervisor: _____ Supervisor's Phone: _____, Ext. _____

Employers Address: _____ City: _____ State: _____ Zip: _____

Salary: \$ _____ per _____ If less than 6 months, give name & address of previous: _____

SPOUSE'S EMPLOYER: _____ Salary: \$ _____ per _____

Position: _____ Your Work Phone: _____, Ext. _____

Supervisor: _____ Supervisor's Phone: _____, Ext. _____

Employers Address: _____ City: _____ State: _____ Zip: _____

PETS: WILL YOU BE BRINGING A PET? YES NO If Yes, How many: _____

Type of pet: _____ Breed: _____ Weight: _____

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All pets are subject to manager's approval and must be spayed or neutered. We do have some breed restrictions. **I understand that there is a \$300 pet fee per animal.** This is to be paid on the day that I move in and is non-refundable. If I do not have an animal upon move-in but decide to get an animal once I am resident, I will pay the \$300 pet fee and the \$100 additional deposit before bringing the animal into the apartment. I also understand that some apartments cannot have pets.

VEHICLE INFORMATION:

Your Driver's License Number: # _____ State: _____ Verified By: _____ Date: _____

Spouse's Driver's License Number: # _____ State: _____ Verified By: _____ Date: _____

How many vehicles will you have while residing at LTM? _____ Please list all below:

Vehicle Make/Model: _____ Year: _____ Color: _____ Tag #: _____ State: _____

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Do you own a Boat, RV or Trailer? **NO YES** If yes, please list

Which: _____ Make/Model: _____ Color: _____ Tag #: _____ State: _____

Have you ever: Filed bankruptcy _____, Been evicted for tenancy _____, Willfully refused to pay rent when due _____

EMERGENCY CONTACT: _____ Phone: _____ Relationship: _____

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May we thank a LTM Resident for this referral?

*Please ask you LTM consultant for referral guidelines.

Name _____

Apartment Number _____

Please tell us how you first heard of our communities: _____

I hereby give a \$ _____ deposit and a \$ _____ administration fee as earnest money to be refunded to me if this application is not accepted. Upon acceptance of this application, this money shall be retained. **If applicant does not lease the apartment after a 72-hour period has expired, the earnest money is not refundable.** I declare that the statements above are true and correct, and I hereby authorize verification of references given and a credit check. Any falsification of the above information can result in the denial of this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

APARTMENT INFORMATION:

Apartment # _____ Monthly Rent: _____ Lease Term: 6 months 12 months
(6 month lease an additional \$200 per month)

Move-In Date: _____ Garage (Property/#): _____ Monthly Rent: _____

Apartment:

Please be aware that LTM offers a wide variety of floorplans. Although our floorplans are the same at several properties, cosmetically the units will vary depending on their age.

I have read and agree that the above information is correct: _____
(Applicant's Initials)

Office use only:

Leasing Agent: _____ Date Leased: _____ Referred by Resident: Yes No

Application: Approved Declined By: _____ Date: _____

If Approved: Resident Contacted: _____ Date: _____

If Declined: Resident Contacted: _____ Letter Sent: _____