

FIRST MANAGEMENT SERVICES

1205 DIVISION STREET NASHVILLE, TN 37203
615-244-8060

Brighton Valley

500 Brooksboro Terrace
Nashville, TN 37217
615-366-5552 Fax 615-366-6767

TODAY'S DATE ____/____/____
APT # ____ MO. RATES\$ ____ MOVE-IN ____
DEPOSIT ____ APP. FEE ____

REV 05/2011

APARTMENT APPLICATION

Please complete this application with all pertinent details. This information provides the basis for our selection of the best neighbors for you and all our residents. If accepted as a resident, this application is to become a part of the lease agreement. All information provided will be kept in confidence.

APPLICANT NAME _____ DATE OF BIRTH _____

HOME TELEPHONE _____ CELL PHONE _____ EMAIL _____

DRIVER'S LICENSE STATE AND NUMBER _____ SOCIAL SECURITY NUMBER _____

SPOUSE NAME _____ DATE OF BIRTH _____

HOME TELEPHONE _____ CELL PHONE _____ EMAIL _____

DRIVER'S LICENSE STATE AND NUMBER _____ SOCIAL SECURITY NUMBER _____

APPLICANT INFORMATION

CURRENT ADDRESS _____ CITY, STATE, ZIP _____ HOW LONG? _____

LANDLORD NAME _____ TELEPHONE NUMBER _____ CURRENT RENT AMOUNT _____

FORMER ADDRESS _____ CITY, STATE, ZIP _____ HOW LONG? _____

LANDLORD NAME _____ TELEPHONE NUMBER _____ CURRENT RENT AMOUNT _____

CURRENT EMPLOYER _____ WORK TELEPHONE _____ HOW LONG? _____

WORK ADDRESS, CITY, STATE, ZIP _____ IMMEDIATE SUPERVISOR _____ INCOME \$ _____

PREVIOUS EMPLOYER _____ WORK TELEPHONE _____ HOW LONG? _____

WORK ADDRESS, CITY, STATE, ZIP _____ IMMEDIATE SUPERVISOR _____ INCOME \$ _____

SPOUSE INFORMATION

CURRENT EMPLOYER _____ WORK TELEPHONE _____ HOW LONG? _____

WORK ADDRESS, CITY, STATE, ZIP _____ IMMEDIATE SUPERVISOR _____ INCOME \$ _____

PREVIOUS EMPLOYER _____ WORK TELEPHONE _____ HOW LONG? _____

WORK ADDRESS, CITY, STATE, ZIP _____ IMMEDIATE SUPERVISOR _____ INCOME \$ _____

PET (describe) _____

NAMES AND AGES OF PERSONS UNDER THE AGE OF 18 WHO WILL OCCUPY THE APARTMENT WITH YOU?

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

HOW MANY AUTOS (including company cars) WOULD YOU KEEP AT THIS ADDRESS?

MAKE MODEL YEAR COLOR LICENSE PLATE

MAKE MODEL YEAR COLOR LICENSE PLATE

In case of emergency, call: NAME RELATIONSHIP ADDRESS PHONE

HOW DID YOU LOCATE US? _____

WHY ARE YOU MOVING? _____

WHAT FEATURES OR SERVICES ARE IMPORTANT TO YOU AS AN APARTMENT RESIDENT? _____

DO YOU HAVE A FELONY CONVICTION THAT IS LESS THAN FIVE YEARS OLD?

YES NO DATE _____

READ THIS SECTION CAREFULLY BEFORE SIGNING

Application is hereby made to rent a bedroom apartment at for a period of months commencing at a monthly rent of \$ payable in advance on the first day of each month. Applicant promises that all the above information is true and correct and acknowledges that all such information is material to First Management Services, Inc.'s decision as agent for owner whether to lease an apartment to applicant.

Applicant hereby deposits with First Management Services, as agent for owner, the sum of \$, which shall be held in a non-interest-bearing account. IN THE EVENT APPLICANT CANCELS THIS APPLICATION AFTER 24 HOURS HAVE ELAPSED OR IF THE APPLICANT FAILS TO SIGN A LEASE WHEN REQUESTED TO DO SO, THE DEPOSIT SHALL BE APPLIED TO FIRST MANAGEMENT SERVICES'S LOSS, AS AGENT FOR OWNER, IF ANY, INCLUDING BUT NOT LIMITED TO LOSS OF RENT. If this application is not approved, the deposit will be returned to applicant. If this application is approved, Applicant agrees to execute First Management Services' standard form residential lease, pay a security deposit of \$, a pay any monies owing on the first month's rent. This deposit will be applied to the security deposit in the event Applicant and First Management Services enter into a lease agreement.

Applicant hereby pays a \$ nonrefundable application fee to First Management Services in consideration for accepting and investigating this application.

ANYTHING HEREIN CONTAINED SHALL NOT BE DEEMED TO CREATE ANY LIABILITY ON THE PART OF FIRST MANAGEMENT SERVICES FOR FAILURE TO DELIVER THE PREMISES ON THE DATE SPECIFIED, NOR SHALL ANYTHING HEREIN BE DEEMED TO RELEASE THE APPLICANT AND/OR LESSEE FROM ANY LIABILITY CREATED HEREIN TO LEASE THE ABOVE-REFERENCED APARTMENT, EXCEPT TO THE EXTENT THAT THE RENTAL PROVIDED FOR SHALL BE ABATED UNTIL SUCH TIME AS THE TENANT TAKES POSSESSION OF THE PROPERTY OR COULD HAVE TAKEN POSSESSION OF THE PROPERTY.

Renter's insurance is required by First Management Services as part of our rental qualifications procedure. If my application is approved, I agree to provide First Management Services with a copy of my renter's insurance policy upon move-in. I agree to maintain a renter's insurance policy during my entire residency at First Management Services.

This is to inform the applicant that as part of First Management Services' procedure for application processing, an investigative consumer report will be conducted which may include, but not be limited to, information from credit reporting agencies, landlords, employers, etc. A criminal background check will also be run. Applicant's signature below signifies acknowledgement of and permission to conduct the aforementioned investigative reports. Applicant promises that all information contained on this application is true and correct to the best of his or her knowledge and that all such information is material to First Management Services' decision as agent for the owner whether to lease an apartment to applicant.

APPLICANT SIGNATURE DATE

APPLICANT SIGNATURE DATE

FIRST MANAGEMENT SERVICES SIGNATURE DATE

Approved Disapproved Comments _____

Comments _____