

RESIDENTIAL RENTAL APPLICATION**www.GOMIDTN.com****Email us: sales@GOMIDTN.com****Fax: 615-829-8543 Phone: 615-504-2257**Name of
Applicant/s _____

Telephone _____ ⇔ _____ Cell Phone: _____ ⇔ _____

Present Address _____ City, State, Zip _____

Social Sec. No. _____ Drivers Lic.No. _____ Birth Date: _____

Vehicle Type: _____ Color: _____ Tag No. _____ Tag State: _____

(If Married: Spouse Info:)**Birth Date** _____ **Social Sec. No.** _____ **Driver's Lic.No.** _____

No. In Family? Adults _____ Children _____ Pets? _____ What Kind? _____

How long lived at the current address? _____ Do you Smoke _____ Spouse Smokes _____

Name of Landlord _____ Telephone _____

Previous Address _____ How Long? _____

Prior Landlord _____ Telephone _____

YOUR EMPLOYMENT:**STUDENT @ MTSU/Other School YES NO**

Employer _____ Position _____ How long? _____

Telephone _____ Supervisor _____ Pay/Salary _____ PayCycle _____

SPOUSES EMPLOYMENT:**Employer** _____ **Position** _____ **How long?** _____**Telephone** _____ **Supervisor** _____ **Pay/Salary** _____ **PayCycle** _____**Name of Bank** _____ **Phone** __________ **Checking/Account No.** _____ ⇔ _____ **Savings/ Account No.** _____

Additional Personal/Credit References (Min. 2 Required-References Will Be Contacted)**Personal/Credit Reference Relationship Telephone**

I represent that the information provided in this application is true and accurate.
You are hereby authorized to verify my credit and employment references in
connection with the processing of this application.

Dated: _____ Signature _____

Dated: _____ Signature _____

If Approved, Please Provide an Emergency**Contact:** _____ **Phone:** _____