Williams Investment Properties
516 Holston Ave * Suite 102 * Bristol TN 37620 * Work Phone: 423-764-RENT Fax Number: 423-764-6462

				_	r person OF QUIRED T		_				
Property Add	dress of Req			011 10 112	QUILLE I	Rental Amo		Date of App	lication		
APPLICANT	INFORMA	ΓΙΟΝ									
Last Name		First				Middle		Jr/Sr/III			
SSN			Date of Birth	1	Driver's Lice	ense #		State	Expires		
Cell Phone		Home Phon	e e		Email Addre	ess			Maiden/For	mer Name	
ΔΡΡΙ ΙζΑΝΤ	RESIDENC	Y INFORMA	TION								
APPLICANT RESIDENCY INFORMATION Current Address					Move-In Date Leas			Lease Expir	ease Expires		
City	State		Zip		1	Rent or Own		Monthly Payment			
Landlord Na	andlord Name		Landlord Phone			Reason for I	Leaving				
Previous Address			l			Move-In Date		Move-Out Date			
City	City		Zip			Rent or Own		Monthly Payment			
Landlord Na	rd Name Lan		Landlord Ph	andlord Phone		Reason for Leaving					
CO-APPLIC	ANT INFOR	MATION									
CO-APPLICANT INFORMATION Last Name		III/ATTON	First				Middle			Jr/Sr/III	
SSN			Date of Birth		Driver's License #			State	Expires		
Cell Phone Home Phor		e Email <i>F</i>			dress		Maiden/Former Nan		mer Name		
CO-APPLIC	ANT RESID	L ENCY INFO	RMATION								
Current Add					Move-In Date	te		Lease Expir	es		
City	Dity State		Zip		1	Rent or Own		Monthly Payment			
Landlord Name		Landlord Phone			Reason for Leaving						
Previous Address			<u> </u>			Move-In Date		Move-Out Date			
City State		State	Zip			Rent or Own		Monthly Payment			
Landlord Name			Landlord Phone			Reason for Leaving					
OTHER OC	CUPANTS										
		persons und	er 18 who wil	l occupy the	unit. All app			omplete a se _l	parate applic	ation)	
Full Name of	f Minor					Relationship)			Age	
Full Name of				Age							
PETS											
Do you hav	e any pets′	?	YES	NO	Are ALL pe	ets current w	vith Vaccina	ations?	YES	NO	
Туре				Breed				Weight			
Type				Breed				Weight			

EMERGENC	CY CONTAC	STS									
Applicant- Name of Family Member			Relationship	Relationship		Phone #		Email			
Address				!	City		State		Zip		
Co-Applicant- Name of Family Member				Relationship	Relationship		Phone #		Email		
Address				City			State		Zip		
EMPL OYME	ENT INFORM	ΛΑΤΙΩΝ									
Applicant-					Start Date		Monthly Income		Phone Num	ber	
, topinount	p.oyo.				Oldi t Bulo			There is a second			
Employers Address			Position	City			State		Zip		
Co-Applicant- Employer					Start Date	l	Monthly Inco	ome	Phone Num	ber	
Employers A	Employers Address			Position		City		State		Zip	
OTHER INC	OME TO CO	ONSIDER		<u> </u>				<u> </u>			
	ou currently I										
Alimony/Chi		\$	Name & Ad	dress of Paye	er:						
Social Secu		\$			J						
Retirement	iity	\$		escription of Benefits: ame or Source of Payments:							
	tance	\$	+								
			Describe:	Name of Assistance Program:							
AUTOMOBI	IF	ΙΨ	Beccine.								
AUTOMOBI		Make				Model				Color	
Vehicle 1		Year Make								Coloi	
VCITIOIC I	License Tag	e Tag:				<u> </u>		County:			
Vobiolo 2	Year	Make				Model		Color		Color	
Vehicle 2 License Tag:					State:	County:					
Describe any other vehicle, motorcycle, trailer or boat you intent to store and/or park at the property:											
MANDATOR	RY SCREEN	ING QUESE	TIONS (CIR	CLE YES OR	R NO)						
		urrently evicted					NO	YES. Please	list date.		
					of filing bankruptcy?		NO	YES. Please list date.			
				,	· ······g warm aproy :		NO	YES. Please list date.			
Do you owe any other landlords a balance? Have you ever been asked to move because of a lease violation of					anv kind?		NO	YES. Please list date.			
4) Have you ever been asked to move because of a lease violation of any kind? NO YES. Please list date. 5) Have you ever been convicted of a Felony? NO YES If so, what charge & date of offense?											
		victed of a Mis		NO	YES		arge & date of				
								TE ISSUED	IDENTIFIC	CATION	
							FORMATION				
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					_			approved, the	_		
_						_		-	-	information	
1 -			-			_		gned, your re	-		
1	-	•			•		-	nployment, y		•	
1	-		_					tionwide scal		ants are	
processed without regard to race, color, religion, sex, handicap, familial status or national origin. This is to advise that, I, the											
undersigned, hereby authorize Williams Investment Properties & a third party organization determined at their discretion to obtain a											
consumer credit report from any or all 3 credit bureaus, conduct a nationwide criminal records search, a nationwide eviction search, &											
1	-	e(s), to deter									
Signature of Applicant				•	Print Applicant Name				Date Signed		
Signature of Co-Applicant					Print Co-Applicant Name				Date Signed		
Julio Olymon											

ALL INFORMATION IS REQUIRED TO PROCESS APPLICATION