

Sparta Management & Services
RESIDENTIAL RENTAL APPLICATION

For inquiries about the rental property, please contact SPARTA MANAGEMENT & SERVICES at:

Email Address: csupport@spartamgnt.com

Phone: (678) 276-7969

RENTAL PROPERTY

Rental Property Address: 119 St. John Street, Clarksville, TN 37040

Date of Availability: September 1, 2021

Application Fee: \$75.00

APPLICANT'S PERSONAL INFORMATION

Name: _____

Email Address: _____

Home Phone: (_____) _____ Alternative Phone: (_____) _____

Date of Birth: _____

DESIRED MOVE-IN DATE: _____

CO-APPLICANT'S PERSONAL INFORMATION *(if applicable)*

Name: _____

Email Address: _____

Home Phone: (_____) _____ Alternative Phone: (_____) _____

Date of Birth: _____

OTHER OCCUPANTS' INFORMATION *(if applicable)*

Name: _____

Relation to Applicant: _____ Date of Birth: _____

Email Address: _____

Home Phone: (_____) _____ Alternative Phone: (_____) _____

Name: _____

Relation to Applicant: _____ Date of Birth: _____

Email Address: _____

Home Phone: (_____) _____ Alternative Phone: (_____) _____

RENTAL HISTORY

I. Current Residence

Current Address:

How long have you been residing at this address? _____

Monthly Rent: _____

Landlord's Name: _____

Landlord's Contact Number: _____

Reason(s) for leaving this property:

II. Previous Residence (If applicable)

Previous Address:

How long did you stay at this address? _____

Monthly Rent: _____

Landlord's Name: _____

Landlord's Contact Number: _____

Reason(s) for leaving this property:

Have you ever been evicted from a rental residence? Yes No

Have you missed two or more rental payments in the past 12 months? Yes No

Have you ever refused to pay rent when due? Yes No

If you have answered YES to any of the above, please state your reasons and/or circumstances:

EMPLOYMENT DETAILS

I. Current Employment

Employment Status: [] Full-Time [] Part-time [] Student [] Unemployed [] Retired

Current Employer: _____

Supervisor's Name: _____

Phone: _____

Job Title: _____

Date Hired: _____

Monthly Income:\$ _____

Other Sources of Income:

II. Previous Employment

Previous Employer (if any): _____

Supervisor's Name: _____

Phone: _____

Job Title: _____

Period of Employment: _____

PROOF OF INCOME

The applicant is required to attach proof of their income to this rental application form. Acceptable documentation includes pay stubs, employer's letter/certificate, bank statements or copies of the previous year's tax return.

CREDIT HISTORY AND BACKGROUND CHECK AUTHORIZATION

Have you declared bankruptcy in the past seven (7) years? Yes No

Do you consent to a credit check? Yes No

Is there anything that we may find in our **credit** check that you want to comment on?

CRIMINAL BACKGROUND CHECK AUTHORIZATION

Do you consent to a criminal check? Yes No

Is there anything that we may find in our **criminal** check that you want to comment on?

ADDITIONAL INFORMATION

I. PETS

The Landlord does not allow pets in the rental property.

II. SMOKING

The Landlord does not allow smoking of cigarettes in the rental property.

III. WATERBEDS

The Landlord does not allow the use of waterbeds on the premises.

IV. PARKING

The rental property includes a drive way holds up to 3 medium size vehicles for the tenant's use.

Will you bring a vehicle? Yes No

VEHICLES (Include vehicles belonging to other proposed occupants also)

	Make	Model	Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I declare that the information I have provided is true and correct, and contain no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all available remedies.

The Applicant authorizes the Landlord to verify all references and facts, including but not limited to current and previous landlords, employers and personal references. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of application.

Applicant's Signature	_____	Date _____
Co-Applicant's Signature	_____	Date _____
Co-Applicant's Signature	_____	Date _____
Co-Applicant's Signature	_____	Date _____