STEVENS GROUP MANAGEMENT, LLC

6005 Nolensville Road, Suite 201~Nashville, Tennessee 37211

615.366.8900 office & 615.361.6591 fax

Residential Rental Application

Date of Application:	Desired Date of Occupancy:			
Property Address you are making application or	า:			
PERSONAL II	NFORMATION .			
Applicant's Full Name:				
Date of Birth:	Social Security Number:			
Driver's Licenses Number & State of Issuance:_				
Co-Applicant's Full Name:				
Date of Birth:	Social Security Number:			
Driver's Licenses Number & State of Issuance:_				
RESIDENCE HISTORY				
Present Address:				
Current Phone Number:				
Dates living at this property: From	_to			
Present Landlord or Mortgage Company:				
Present Landlord or Mortgage Company Phone	Number:			
Monthly Payment:\$	Reason for Moving:			
Previous Address:				
Current Phone Number:				
Dates living at this property: From	_to			
Present Landlord or Mortgage Company:				
Present Landlord or Mortgage Company Phone	Number:			
Monthly Payment:\$	Reason for Moving:			
EMPLO	DYMENT			
Present Employer:	Dates From:To			
Employers Address:				
Position:Supervisor Name & N	umber:Income			
Previous Employer:	ToTo			

Employers Address:				
Position:	_Supervisor Nam	ne & Number:	Income	
Co Applicant: Employer:	:	Dates F	From:To	
Employers Address:				
Position:	_Supervisor Nam	ne & Number:	Income\$	
Banking & Credit Reference				
Bank Name and Branch	d Branch:Phone Number:			
Credit Reference:				
Credit Reference:				
Credit Reference:				
<u>Vehicles</u>				
Make/Model	Year	Color	Tag#&State	
Make/Model	Year	Color	Tag#&State	
Other vehicles:				
	!	Other Income		
Amount \$	Source	_Telephone Numbe	er	
Amount \$	Source	_Telephone Numbe	er	
Amount \$	Source	_Telephone Numbe	er	
		Questions		
Have you or Co-app	licant:			
1. Have you ever been sued for Non-Payment of Rent?				
2. Been Evicted or asked to move out?				
3. Broken a Rental Agreement or Lease?				
4. Been sued for damage to rental property?				
5. Declared Bankru	uptcy?			
Emergency Contact				
Name:	Phone:	Work:	Relation:	
information is correct. I	authorize you to my consumer co	o contact any refer	tal unit and certify that this rences that I have listed. I also our credit reporting agency, which	
Applicant	Date	— — Applica	nnt Date	