



**LOVELL CROSSING APARTMENTS
HOUSING APPLICATION FOR COMPANY**

NAME OF COMMUNITY: LOVELL CROSSING APTS
COMMUNITY ADDRESS: 1300 LOVELL CROSSING WAY KNOXVILLE, TN 37932
APARTMENT NUMBER: _____
APARTMENT RENT: _____ **LEASE TERM:** _____
MOVE IN DATE: _____ / _____ / _____

APPLICANT(S) LEGAL NAMES ONLY

LEGAL NAME OF BUSINESS **LIST "DBA" IF APPLICABLE**

FEDERAL TAX ID NUMBER **TELEPHONE NUMBER** **FAX NUMBER** **EMAIL ADDRESS**

BUSINESS MAILING ADDRESS **CITY** **STATE** **ZIP CODE**

CORPORATION _____ **SOLE PROPRIETORSHIP** _____ **PARTNERSHIP** _____

COMPANY OFFICER RESPONSIBLE FOR EXECUTION OF LEASE

NAME **TITLE** **TELEPHONE NUMBER** **EMAIL ADDRESS**

LIST (3) BUSINESS REFERENCES FOR THIS COMPANY:

1. NAME: _____ **ADDRESS:** _____
TELEPHONE: _____ **CITY, STATE, ZIP** _____

2. NAME: _____ **ADDRESS:** _____
TELEPHONE: _____ **CITY, STATE, ZIP** _____

3. NAME: _____ **ADDRESS:** _____
TELEPHONE: _____ **CITY, STATE, ZIP** _____

ACCOUNTS PAYABLE CONTACT INFORMATION

NAME **TITLE** **TELEPHONE NUMBER** **EMAIL ADDRESS**



COMPANY-SPONSORED RESIDENT TO OCCUPY THE APARTMENT

FIRST NAME LAST NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

TITLE TELEPHONE NUMBER EMAIL ADDRESS

ADDRESS CITY STATE ZIP

SUPERVISOR'S NAME TELEPHONE NUMBER EMAIL ADDRESS

OTHER OCCUPANTS

FIRST NAME LAST NAME DATE OF BIRTH RELATIONSHIP TO RESIDENT

FIRST NAME LAST NAME DATE OF BIRTH RELATIONSHIP TO RESIDENT

FIRST NAME LAST NAME DATE OF BIRTH RELATIONSHIP TO RESIDENT

CRIMINAL HISTORY

HAVE YOU OR ANY OCCUPANTS LISTED EVER BEEN CONVICTED OF A FELONY? Yes/No.

IF YES, EXPLAIN _____

HAVE YOU OR ANY OCCUPANTS LISTED EVER BEEN CONVICTED OF A MISDEMEANOR? Yes/No.

IF YES, EXPLAIN _____

PETS

**PETS ARE RESTRICTED BY WEIGHT, HEIGHT AND QUANTITIES.
NON-REFUNDABLE PET FEES ARE CHARGED PER PET AT \$350 PER PET
2 PETS PER APARTMENT ONLY \$350.00 EACH N/R PET FEE**

TYPE BREED NAME FULL GROWN WEIGHT

TYPE BREED NAME FULL GROWN WEIGHT

VEHICLES

VEHICLES (INCLUDING RECREATIONAL AND WORK VEHICLES) ARE RESTRICTED BY TYPE, NUMBER, AND SIZE. APPLICANTS/RESIDENTS MUST OBTAIN WRITTEN CONSENT FROM MANAGEMENT FOR ALL VEHICLES TO BE PARKED ON SITE.



PLEASE LIST ALL VEHICLES YOU PLAN TO PARK IN THE COMPLEX:

MAKE MODEL YEAR COLOR TAG # STATE

MAKE MODEL YEAR COLOR TAG # STATE

APPLICANT GRANTS PERMISSION FOR ANY NECESSARY INVESTIGATION OF CRIMINAL RECORDS THROUGH ANY INVESTIGATIVE AGENCIES OF THIS COMPANY'S CHOICE.

OCCUPANT SIGNATURE _____ DATE _____

LOVELL CROSSING APARTMENTS IS AN EQUAL HOUSING OPPORTUNITY PROVIDER, AND, AS SUCH, DOES NOT DISCRIMINATE BASED ON RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, HANDICAP, OR FAMILIAL STATUS IN CONNECTION WITH THE RENTAL HOUSING. LOVELL CROSSING APARTMENTS RESERVE THE RIGHT TO DENY APPLICANTS NOT MEETING THE RENTAL CRITERIA. LOVELL CROSSING APARTMENTS RESERVE THE RIGHT TO DENY HOUSING TO ANY APPLICANT OR OCCUPANT WHO HAS BEEN CONVICTED OF A CRIME WHICH WOULD BE CONSIDERED A SERIOUS THREAT TO OTHER RESIDENTS, PROPERTY STAFF, OR THE PROPERTY.

I, (WE) _____ HAVE SUBMITTED THIS APPLICATION FOR
APARTMENT ADDRESS
CITY STATE ZIP

TODAY'S DATE: ____ / ____ / ____

WITH THE FOLLOWING UNDERSTANDING:

1. INCOMPLETE OR INACCURATE INFORMATION VOIDS THIS APPLICATION. IF A LEASE AGREEMENT IS SIGNED BETWEEN APPLICANT(S) AND LANDLORD BASED ON INACCURATE OR INCOMPLETE INFORMATION, LEASE AGREEMENT WILL BE TERMINATED.

2. A NON-REFUNDABLE RESERVATION FEE OF \$150/\$100 PLUS \$75 APPLICATION FEE PER COMPANY AND OCCUPANT MUST BE PAID BY APPLICANT(S) TO PROCESS THIS APPLICATION. APPLICANT(S) HEREBY WAIVES ANY CLAIMS FOR DAMAGES BY REASON OF NON-ACCEPTANCE OF THIS APPLICATION.

3. APPLICANT(S) GRANT PERMISSION FOR ANY NECESSARY CREDIT CHECKS, EMPLOYMENT VERIFICATION, RENTAL OR MORTGAGE VERIFICATION, FINANCIAL VERIFICATION, AND ANY NECESSARY INVESTIGATION OF CRIMINAL RECORDS THROUGH ANY INVESTIGATIVE AGENCIES OF THIS COMPANY'S CHOICE.

4. A REFUNDABLE HOLDING DEPOSIT IN THE AMOUNT OF \$600/\$200 HAS BEEN DEPOSITED WITH LANDLORD TO HOLD THIS APARTMENT. THIS HOLDING DEPOSIT IS SUBJECT TO THE FOLLOWING CONDITIONS:

A.) IF THE APPLICATION IS NOT APPROVED, THIS DEPOSIT WILL BE REFUNDED TO APPLICANT.
B.) THIS DEPOSIT WILL BE USED TO HOLD THE APARTMENT UNTIL THE AGREED UPON MOVE IN DATE.

IF THE APPLICANT FAILS TO MOVE IN ON THE AGREED DATE THROUGH NO FAULT OF THE LANDLORD, THIS DEPOSIT WILL BE RETAINED BY THE LANDLORD.

5. AT THE TIME OF MOVE-IN, THIS DEPOSIT WILL BE APPLIED TOWARD PAYMENT OF THE SECURITY DEPOSIT AS REQUIRED BY THE LEASE AGREEMENT.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

SIGNED _____ DATE _____



FOR OFFICE USE ONLY: A COPY OF THIS PAGE SHOULD BE RETURNED TO APPLICANT AS RECEIPT FOR MONEY PAID.

DATE APPLICATION RECEIVED _____ / _____ / _____

APP FEE \$ _____ **(COMPANY \$75 & OCCUPANT \$30 EACH)**

DATE MONEY RECEIVED _____ / _____ / _____

AGENT'S INITIALS _____

SECURITY DEPOSIT \$600.00 (FURNISHED OR 3-5 MONTH TERM) OR \$200.00 (12 MONTH STANDARD UNFURNISHED)

DATE MONEY RECEIVED _____ / _____ / _____

AGENT'S INITIALS _____

RESERVATION FEE \$150 (FURNISHED) \$100 (UNFURNISHED)

DATE MONEY RECEIVED _____ / _____ / _____

AGENT'S INITIALS _____

MARKETING SOURCE _____

IF RESIDENT REFERRAL, LIST NAME _____

REASON FOR LEASING _____

