

Village West Apartments
"A Tax Credit Property"
4404 Tennessee Ave.
Nashville, TN 37209
615-269-0404 off 615-383-4616 f

Appl. Date _____ Date Apt. Required _____
Apt. # _____ Apt. Type _____
Lease Term 3 6 9 12 Rate \$ _____
Earnest Money \$ _____ Receipt # _____
Appl. Fee \$ _____ Receipt # _____

APPLICATION

(IN ORDER FOR US TO PROCESS YOUR APPLICATION QUICKLY, ALL QUESTIONS MUST BE ANSWERED)

PERSONAL INFORMATION

Applicant's Full Name _____ Date of Birth _____
Social Security # _____ Widowed ___ Married ___ Single ___ Divorced ___ Separated ___
Spouse's Name _____ Date of Birth _____
Social Security # _____ Current Home Phone # _____
Additional Occupants:
Name _____ Date of Birth _____ SS# _____
Name _____ Date of Birth _____ SS# _____
Name _____ Date of Birth _____ SS# _____
Name _____ Date of Birth _____ SS# _____

RESIDENCE INFORMATION

Present Address _____ Apt. # _____ City _____
State _____ Zip _____ Landlord's Name _____ Phone # _____
How Long _____ Amount of Rent _____ Reason for Moving _____
Former Address _____ Apt. # _____ City _____
State _____ Zip _____ Landlord's Name _____ Phone # _____
How Long _____ Amount of Rent _____ Reason for Moving _____

EMPLOYMENT INFORMATION

Employer - Applicant's _____ Supervisor _____
Employer's Address _____ Phone # _____
Position Held _____ Date of Hire _____ Salary _____ Per _____
Employer - Spouse's _____ Supervisor _____
Employer's Address _____ Phone # _____
Position Held _____ Date of Hire _____ Salary _____ Per _____
Retired? No ___ Yes ___ Annual Retirement Income \$ _____ Source _____
Student? No ___ Yes ___ School Name _____
Other Means of Income _____ Amount Annually \$ _____

GENERAL INFORMATION

Name of Bank _____ City _____ State _____
Checking Acct. # _____ Savings Acct. # _____

CREDIT REFERENCES

Business Name _____ Acct. # _____ Phone Number _____
Business Name _____ Acct. # _____ Phone Number _____
Business Name _____ Acct. # _____ Phone Number _____
Pet _____ Type _____ Weight _____ Age _____ Housebroken _____
Pet _____ Type _____ Weight _____ Age _____ Housebroken _____

Vehicles: Number of vehicles _____ (Vehicles not noted may be towed away at the owner's expense.)

1. Make _____ Year _____ Color _____ Tag # _____ State _____
2. Make _____ Year _____ Color _____ Tag # _____ State _____
3. Recreation Vehicle: Type _____ Color _____ Tag# _____ State _____
4. Drivers License (s) Applicant #1 _____ State _____ Applicant # 2 _____ State _____

Has Applicant, Spouse or any other proposed resident ever:

Filed for bankruptcy? No _____ Yes _____
Been evicted from tenancy? No _____ Yes _____
Been convicted of a felony? No _____ Yes _____
Been convicted of more than 2 misdemeanors? No _____ Yes _____

Comments: _____
In the case of an emergency contact _____ Relationship _____
Home Phone # _____ Work Phone # _____
Address _____ City _____ State _____ Zip _____

I hereby authorize Accessible Information Management and Village West Apartments, a tax credit property, to make any necessary investigation as to the contents that are contained in this publication. I understand that this investigation may include, but not be limited to, a credit report, verification of employment, past rental history, and police records. I, therefore, consent to this investigation, and certify that all stated facts are true, and it is understood that any misrepresentation or omission is cause for the management and/or owners to reject this application and/or terminate the lease.

***IMPORTANT NOTICE: It is also understood and agreed that the security deposit will be FORFEITED if I/we cancel this application after 3 business days. If we opted to utilize the SureDeposit option of \$87.50, that will be forfeited if there is any loss of rent due to our cancelling.**

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

(Spouse)

Witnessed By _____ Date _____



EQUAL HOUSING OPPORTUNITY
(03/16/04)

Referred By: _____