

Amalie Meadows Apartments

300 Kate St. Madison TN 37115
Tel: 615-865-4622

Date _____
Apt. # _____ Move In Date _____ Rent \$ _____
Source: _____

Apartment Application

Please complete this application with all pertinent details. This information provides the basis for our selection of the best neighbors for you and all our residents. If accepted as a resident, this application is to become a part of the lease agreement. All information provided will be kept confidence.

Application Information

Applicant Name		Date of Birth	
Social Security Number (____)	Driver's License Number (____)	State	
Home Phone Number	Cell Phone Number		
Current Address	City	State	Zip
\$ _____ Per Month Rent Amount	____ Yrs./ _____ Mo How long have you lived there?	_____ Landlord Name	(____) Phone Number
Previous Address	City	State	Zip
Previous Landlord	(____) Phone Number		

SPOUSE INFORMATION

Spouse Name		Date of Birth	
Social Security Number (____)	Driver's License Number	State	
Home Phone Number (if different from above)	Cell Phone Number (if different from above)		

EMPLOYMENT INFORMATION

Applicant Employer		Address/City/State/Zip Code	
(____) Work Phone	Immediate Supervisor	Yrs./	Mo How Long have you been there?
Income per: hour/week/month	Position		
Spouse Employer		Address/City/State/Zip Code	
(____) Work Phone	Immediate Supervisor	Yrs./	Mo How Long have you been there?
Income per: hour/week/month	Position		

OTHER INFORMATION

Pet (describe breed, size, etc.) _____

Names and birthdates of all who will occupy under the age of 18 _____

How many automobiles will be kept at this address (including company cars)? _____

Make	Model	Year	Color	License Plate
Make	Model	Year	Color	License Plate

In case of an emergency call: _____ (____)

Name	Relationship	Address	Phone
------	--------------	---------	-------

WHAT FEATURES ARE IMPORTANT TO YOU AS AN APARTMENT RESIDENT? _____

Do you have a felony? Yes _____ No _____ Date/What was it for? _____

READ THIS SECTION CAREFULLY BEFORE SIGNING

Applicant is hereby made to rent a _____ bedroom apartment at AMALIE MEADOWS APARTMENTS for a period of twelve (12) months commencing _____ at a monthly rent of \$ _____ payable in advance on the first day of each month. Applicant promises that all above information is true and correct and acknowledges that all such information is material to AD-MAR PROPERTIES, LLC's decision to lease an apartment to applicant.

Applicant hereby pays a \$200.00 nonrefundable administration fee that will not be applied towards rent or other monies due to owner. IN THE EVENT THAT APPLICANT CANCELS THIS APPLICATION AFTER 72 HOURS HAVE LAPSED OR IF APPLICANT FAILS TO SIGN A LEASE WHEN REQUESTED TO DO SO. THE ADMINISTRATION FEE SHALL BE APPLIED TO AD-MAR PROPERTIES LOSS. If this application is not approved, the administration fee will be returned to the applicant.

Each applicant 18 years and older hereby pays a \$35.00 nonrefundable application fee to AD-MAR PROPERTIES in consideration for accepting and investigating this application.

This is to inform the applicant that as part of the AD-MAR PROPERTIES procedure for application processing, an investigative consumer report will be conducted which may include but not be limited to, information from credit reporting agencies, landlords, employers, etc. A criminal background check will be run. Applicant's signature below signifies acknowledgement of and permission to conduct those aforementioned investigative reports. Applicant promise that all information contained on this application is true and correct to the best of his or her knowledge.

Applicant's Signature Date

Applicant's Signature Date

OFFICE ONLY IN THIS BOX			
Received application fee(s) from said applicant(s) in the amount of \$ _____	Agent's initials _____	Date _____	
Received \$200 administration fee from said applicant: Yes _____ No _____	Agent's initials _____	Date _____	
Approved _____ Declined _____	Agent's initials _____	Date _____	
_____ Signature of Agent for AD-MAR PROPERTIES		_____ Date	