

## Thank you for choosing Ashley Grove Apartments.

We WELCOME you to live at our community and make our property your HOME.

## Our Passion is to make Ashley Grove a Unique Place to Live.

Being rich in community by offering a wide range of activities and encouraging residents to be connected with each other provides a launching pad for positive life impact.

#### A Better Tomorrow Starts Here

Encouragement, service, and support go a long way to motivate a person to reach for better living. We believe that each day is a new day. By living at Ashley Grove a person will receive care and concern that we hope helps to strive for a better tomorrow.

### **High Standards**

Each resident deserves to have an enjoyable and peaceful place to live. For that reason we do not tolerate disturbing acts in or outside the apartment that will interfere with the rights, comfort or convenience of other residents. As a result of the standards we have set, residents are taking pride in their community.

Signature of agreement	
HOW DID YOU LOCATE US?	
Apartment Finder Apartment Guide Craigslist Live in Area Current resident If so, name:	Internet
Other (please name)	
What features or services are important to you?	



# APPLICATION

Date: \_\_\_\_\_

			FOR O	FFICE USE ONLY		
pt. #:	Rent:	Water:	Other:	Move-In Date:	Lease Term:	
ount Due: A	pp. Fee(s)	Security Deposit	Pet Fee	Other		
asing Consul	tant:	Approved by:			Date:	
<u>APPLIC</u>	NT INFORM	ATION Applicant Name				
Phone (	)	Cell Ph	one( )		E-mail address	
SS#/ITIN _	//_	Birth Date /	/	Driver License #	Stat	e
Present Ac	ldress					
	-				Move-In Date:	_
Landlord P	hone: ( ) _			Landlord Fax: (	)	
Date of En	d of lease:	Have you g	iven required no	tice to your landlord? _		
Why are y	ou leaving your	current residence?				
Present Em	nployer				Start Date / /	
Address				Work P	Phone ( )	
		/State/Zip Code			,	
					\$ (Circle one: Weekly/Monthly/Ar	
Avg. nours	worked weekly	immediate superviso	· · · · · · · · · · · · · · · · · · ·		Phone ( )	
Other Inco	me \$	Frequency	Soul	rce: Child Support	Social Security Other	
CO-APP	LICANT INFO	RMATION Applicant N	lame			
Phone (	١	Cell Ph	ione( )		E-mail address	
(	/		/			
SS#/ITIN_	//_	Birth Date /	/	Driver License #	Stat	e
Present Ac	ldrocc					
rieseili Ac						
					Move-In Date:	_
If you are	renting, please n	ame the apartment commu	nity or landlord:			
					,	
		Have you g				
		, ,	•	•	<del></del>	
, 5,	, , , , , , , , , , , , , , , , , , ,					
Present Em	nployer				Start Date / /	
Address				Work P	Phone ( )	
		/State/Zip Code				
					\$ (Circle one: Weekly/Monthly/An	-
Avg. hours	worked weekly	Immediate Superviso	or		Phone ( )	
Other Inco	me \$	Frequency	\$0	rce. Child Support	Social Security Other	
Ther Incom	пе ֆ	Frequency	Soul	ce: Uniid Support	Social Security Other	

OTHER OCCUPANTS Names of	all persons <u>under</u> 18 years o	of age. Occupa	nts over 18 will be i	required to fill out	a separate application.	
Name:	Relationship:	Sex: E	Sirthdate:	SSN/ITIN: _		
Name:	Relationship:	Sex: E	Sirthdate:	SSN/ITIN: _		
Name:	Relationship:	Sex: E	Sirthdate:	SSN/ITIN _		
Name:	Relationship:	Sex: E	Sirthdate:	SSN/ITIN: _		
PREVIOUS RESIDENCE HISTOR Previous Address: Street Address	RY Please sign a Rental Ver		t for each rental pro	operty you have liv	red in for the last 5 years.  Own Rent	
If you were renting, please name the	apartment community or lan	dlord:				
Phone: ( )						
How long did you live at this address?	? Move-In Date: _		_ Move-Out Date:		Monthly Payment: \$	
PREVIOUS EMPLOYMENT HIS	TORY					
Applicant's Previous Employer		_How Long did	you work here?	Supervis	or	
Address			Pho	one ( )		
Position	Part Time	Full Time	Income \$			
Co-Applicant's Previous Employer		_ How Long did	you work here?	Supervis	or	
Address			Pho	one ( )		
Position	Part Time	Full Time	Income \$			
PETS Please describe below. (Please of	attach copy of proof of inocu	lation and licens	e as required by lav	v & photo of pet(s)	required for lease.)	
Pet Type: Breed:	Name	:	Color:	Age:	Weight:	
Pet Type: Breed:	Name	:	Color:	Age:	Weight:	
<b>VEHICLES</b> Vehicles must be registered	ed with management. All oth	er vehicles are s	ubject to be towed	or booted at own	er's expense.	
1.) Make Mode	elYe	ar Color		License Plate	State	
2.) Make Mode	ylYe	ar Color		License Plate	State	
EMERGENCY CONTACT (Emerge	ency contact person must be	over 18 years o	f age, who will not	be living with you)		
Name	Relat	onship	Home or Cell		Work Phone	
Street Address	C	ity/State/Zip Code			Email	
REFERENCES (no relative or emplo	Relationship _		How Long	Have You Known	This Person?	

**RENTAL QUALIFICATION** In signing the application and submitting your application fee, you are giving **Dominion** Management Group & Ashley Grove Apartments the right to research the information you have provided us to make the recommendation for acceptance.

- We will check your residence history. (No outstanding balances or evictions) If you are a full-time student, with no rental history established, it will not count against you.
- We will check present employer. If you are a full-time student, with no employment established, we will require a Co-Signor.
- · We require your verifiable income to be at least three times the rental amount monthly. You must provide 60 days of pay stubs; OR last year W-2 form; OR financial aid statement with the loan amount; OR recent bank statements showing recurring deposits; OR proof of assets such as bank or mutual fund statements; OR official letter from your new employer stating salary amount. (This requirement applies to all roommates and Co-Signors requirement is at least five times the rental amount monthly.)
- We will check your credit rating with the credit bureau. (Good history required) If you are a full-time student, with no credit history established, we will require a Co-Signor.
- We do not allow any felonies on your criminal background check.
- We do not allow any sex offenders to live at Ashley Grove.
- Evictions or bad debt to other apartment communities will be reason for denial.
- · Bankruptcy will need to be discharged and recent credit will need to be in good standing.

The income required for qualification is based on verifiable gross income. Your salary must be in line with the following amounts.

- 1.) An individual will need 3 times the rental amount per month.
- 2.) Roommates will need a combined income of 3 times the rental amount per month.
- 3.) Married couples' income will be combined.

We require that every adult (18 years or older) who resides in the apartment must have an approved application on file.

I HAVE READ AND I FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS PART OF MY LEASE AGREEMENT, ESPECIALLY THOSE AREAS REGARDING EARNEST MONIES. I UNDERSTAND AND GIVE ASHLEY GROVE PERMISSION THAT AS A PART OF NORMAL PROCEDURE FOR PROCESSING THIS APPLICATION AN INVESTIGATION WILL BE CONDUCTED AS TO THE VALIDITY OF THE CONTENTS THAT ARE CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT IS NOT LIMITED TO, A CONSUMER CREDIT REPORT, VERIFICATION OF EMPLOYMENT WITH SALARY, PAST RENTAL HISTORY, CRIMINAL HISTORY AND I, THEREFORE, CONSENT TO THIS INVESTIGATION, AND I CERTIFY THAT ALL STATED FACTS ARE TRUE. IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION IS CAUSE FOR THE MANAGEMENT AND/OR OWNER TO REJECT THIS APPLICATION AND/OR TERMINATE LEASE. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN 30 DAYS OF THE TIME THIS APPLICATION IS MADE FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE REPORT. I UNDERSTAND THAT ASHLEY GROVE WILL COMPILE THE REPORT AND THAT I MAY OBTAIN THIS INFORMATION BY WRITING DIRECTLY TO REALPAGE, INC.

,	room apartment or Apartment No beginning o	·
20 for a period of months for \$	per month payable in advance on the first day of	each month. Applicant promises that all the
above information is true and correct and acknow	vledges that all such information is material to Ashley G	Frove's decision whether to lease an apartm
to applicant.		
Applicant hereby pays a \$35 non-refundable ap	oplication fee (check or money orders only) to Ashley	Grove in consideration for accepting and
investigating this application.		
PRINT APPLICANT NAME	APPLICANT'S SIGNATURE	DATE
PRINT CO-APPLICANT NAME	APPLICANT'S SIGNATURE	DATE



## **RENTAL VERIFICATION REQUEST**

To:			From:			
Property:			Property:	Ashley Grove Apartments		
Fax:			Fax:	(615) 459-7082		
Phone:			Phone:	(615) 459-6070		
			1			
<u>AUTHORIZATI</u>	I <mark>ON FOR REI</mark>	NTAL HISTORY MUST BE S	IGNED BY APPLIC	ANT		
l,		, authorize the rel	lease of my rental	history to Ashley Grove Apartments.		
				and my		
				·		
dddi C33 there i				·		
<mark>Appl</mark>	licant Signature			Date		
THE FOLLOWI	ING MUST BI	E COMPLETED BY THE LAN	NDLORD			
				esident. Please provide the following information		
		please contact our office.				
Applicant Nam	ne:	A	Apartment Comm	unity Name:		
When did the	Tonant mov	e in and move out of the p	roporty?			
		•	::	Rental Rate:		
		er rent promptly?				
		Comments:				
	I	f no, how many times wer	e they late?	NSF's?		
Did the applicant have any pets?						
□ Yes □No Comments:						
Did the applicant incur any cost for damages, late fees or other charges?						
□ Yes □No Comments:						
Were any complaints made against the Tenant by any neighbors or any within the rental community?  □ Yes □No Comments:						
☐ Yes ☐ No Comments: Were you given proper notice and a reason for the rental/lease agreement being terminated?						
□ Yes □No Comments:						
Did the resident adhere to the rules, regulations, and terms of their lease?						
□ Yes □No Comments:						
Would you lease to this individual if he/she applied with you again?						
☐ Yes ☐ No Comments: Please use the space below for additional comments you may wish to make.						
Please use the	space belov	v for additional comments	s you may wish to	make.		
Signature:			Title:			
Print Name:			Date:			



### 417 Enon Springs Rd, East

### Smyrna, TN 37167

615.459.6070 / 615.459.7082 Fax

#### **EMPLOYMENT VERIFICATION**

I, provide and verify my employment and gross r management of Ashley Grove Apartments.	
Signature	
The above listed has applied for an apartment at a appreciated. Please call if you have any questions	Ashley Grove Apartments. A quick response is greatly
Requesting Verification on:	
Current / Previous Employer:	
Phone Number:	<u> </u>
Fax Number:	
Start Date:	End Date:
Position:	
Gross Monthly Income:	
Information Provided By:	Title:

Please Fax back to 615.459.7082 within 48 hours. Thank You!

