

Meadowland Property Management & Realty

a "Cardanha, Inc." company

3615 Wrights Ferry Road; Louisville, TN 37777

Phone: 865-970-4476

Fax: 865-681-8751

Thank you for your interest in our units. Please help us process your application by providing all information below.

Incomplete Applications will not be processed. Application Fee of \$ 25 per Adult must be paid to process Application.

Credit Check, Police Record Check, Sex Offender Check, Court Record Check and Job Verification Can Be Done on All Applicants.

Applicants Will Be Denied if Previous Evictions, Claims or Judgments by Landlords, Claims or Judgments by Utility Companies, Including Electric, Gas, Water, Cable or Satellite Service, and/or Phone Service are Discovered. Income Guidelines Under 28% Rule Must Be Met. All Adult Occupants Must Complete an Application. Copy of Photo Identification Required. Application Fee is Non-Refundable.

Full Legal Name:	Date of Birth:	Social Security #:
Phone: Cell	Phone: Home	Phone: Office
Present Street Address:	City:	State: Zip:
How Long Did You Live at This Address:	Amount of Rent:	Reason for Moving:
Landlord Name:	Landlord Phone #:	Landlord Address:
Previous Street Address:	City:	State: Zip:
How Long Did You Live at This Address:	Amount of Rent:	Reason for Moving:
Landlord Name:	Landlord Phone #:	Landlord Address:
Have Eviction Proceedings Ever Been Filed Against You or Other Occupants?	Have you Ever Been Charged or Convicted of a Sex Crime?	If Yes to Either Question, When & Why:
Employed by:	Employer's Address:	Employer's Phone #:
Supervisor's Name:	Position Held:	How Long Have You Held This Position?
Wages Per Hour	How Many Hours Do You Work Weekly? OR	What is Your Monthly Gross Income (Before Taxes Are Taken Out of Pay)?
Vehicle Make:	Vehicle Year:	Vehicle Color:
Vehicle Tag #:	State Vehicle Tag is Registered:	Driver License # and State That Issued DL?
Pets: What Type	Pets: What Type	Pets: What Type
Names,Ages & Relationship of Other Resident:	Names,Ages & Relationship of Other Resident:	Names,Ages & Relationship of Other Resident:
Personal Emergency Contact:	Relationship:	
Present Street Address:	City:	State: Zip:
Phone: Cell	Phone: Home	Phone: Office

Note: Applicant grants the company the right to contact the Personal Emergency Contact in the event of any personal emergency such as but not limited to sickness, death, extended absences, abandonment, break ins, damages, non-payment of rent, eviction proceedings, police calls and/or circumstances dictating contacting of additional parties.

Co-Applicant's Name:	Co-Applicant's Name:	Co-Applicant's Name:
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I understand the Meadowland Property Management & Realty, or an agent of its choice, may conduct a thorough background and credit worthiness investigation before rendering a final decision regarding my eligibility. To facilitate this investigation, I do hereby give my consent and authority for any employer, previous landlord, housing authority, mortgage holder, bank manager, police agency, court record and/or credit reporting agency to furnish information from their records to the company or an agent of its choice.

With regard to any credit reporting agency which might be contacted by the company, or an agent of its choice, I understand that I may inquire as to the identification of those credit reporting agencies contacted and the company will advise me as to their identity and the nature and scope of the information they furnished, upon receipt of my written request for such.

Applicant's Signature:	Date:	Witness Signature:	Date:	Applicant's E-Mail Address
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Approval: _____ Date: _____	Lease Term: _____ Unit #: _____ SD: _____	Dates: Move-In _____ Lease Sign _____
Application Fee Amt: _____ Paid? _____	Pet Fee: _____ Housing WO _____	Time: _____
Unit Address: _____	Referred by: _____	Mthly Rent: _____ P-R Rent: _____