

Maynard Rentals
The Centre & The Retreat
PHONE: 931-257-3343 FAX: 931-919-2433

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ AGE: _____

MARRIED SINGLE DIVORCED SEPARATED

CELL PHONE: _____ EMAIL: _____

NAME: (SPOUSE): _____

SOCIAL SECURITY NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ PHONE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LIST OF OCCUPANTS UNDER THE AGE OF 18

NAME: _____ AGE: _____

NAME: _____ AGE: _____

DOES APPLICANT/SPOUSE OR ANY PROPOSED RESIDENT HAVE AN ARREST RECORD? YES NO

IF YES PLEASE EXPLAIN: _____

EMPLOYER: _____ PHONE: _____

EMPLOYER (SPOUSE): _____ PHONE: _____

DRIVERS LICENSE #: _____ STATE: _____ EXP: _____

MAKE OF VEHICLE: _____ YEAR: _____ COLOR: _____

SPOUSE DRIVERS LICENSE#: _____ STATE: _____ EXP: _____

MAKE OF VEHICLE: _____ YEAR: _____ COLOR: _____

DO YOU HAVE PETS? YES NO IF YES TYPE: _____ AGE: _____ COLOR: _____

THIS APPLICATION AND THE CONTENTS HEREOF ARE CONSIDERED PART OF MY LEASE.

PROPERTY APPLYING FOR: _____ MOVE IN DATE: _____

A SECUTIY DEPOSIT IS REQUIRED TO HOLD AN APARTMENT. IF A DEPOSIT IS APPLIED TO AN APARTMENT AND THE APPLICANT DECIDES THAT HE OR SHE DOES NOT WANT THE UNIT, THE DEPOSIT MAY BE FORFEITED TO MAYNARD RENTALS. BY CHECKING THIS BOX THE APPLICANT(S) AGREE TO CREDIT CHECK.

APPLICANTS SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____