

# Pine Ridge Apartments

Management Office:  
 4700 SCHUBERT ROAD  
 KNOXVILLE, TN 37912  
 Phone: (865) 688-6991

**Market Rate**

TTY: (800) 848-0298

Office Use Only Mgr. Initials \_\_\_\_\_

Date/Time  
 Rec'd: \_\_\_\_\_

Changes: \_\_\_\_\_

Managed By: Evergreen Real Estate Services LLC Chicago, IL

1/15/2016

Please complete all sections of this application. Incomplete applications will be returned.

**Applicant Name:**

(Head of Household)

\_\_\_\_\_  
 Last First M.I.

**Present Address:**

\_\_\_\_\_  
 Street City/State Zip Code

DAYTIME Phone #: \_\_\_\_\_

Cell/Work #: \_\_\_\_\_

**Apt. Size Requested: (check one):**     1 Bdrm     2 Bdrm     3 Bdrm

**1. Household Composition:** Complete the following information for each household member who will occupy the apartment at the time of move-in.

Name (Last Name, First Name, M.I.)	Birthdate	Social Security #	Relation to Head of House	Sex*	Race*
			HEAD		

\*Optional (Race is for statistical purposes only. It does not determine eligibility)

Identification will be required, including a valid State Drivers License or State ID card.

**2. Occupancy: (Check yes or no to each question)**

Yes     No Will any one else live in the apartment on either a full-time or part-time basis?

Who? \_\_\_\_\_ WHY? \_\_\_\_\_

Yes     No Have any of the people above used names or a social security # other than the names or numbers used above? If YES, please explain: \_\_\_\_\_

Yes     No Would anyone in your household benefit from a special needs unit with accessibility features or need a "reasonable accommodation"? (for mobility, vision, or hearing)

**3. General Information: Check either YES or NO to each question, and explain as needed.)**

Yes     No c) Has any member of your household been evicted or involuntarily removed from ANY apartment, including subsidized housing, in the last 5 years, for any reason? If YES, explain: \_\_\_\_\_

Yes  No a) Has ANY member of the household been arrested or has a record of conviction, adjudication, other than acquittal; OR is or was under home-monitoring for a felony or misdemeanors in ANY state for acts other than a minor traffic violation? If Yes, please explain: \_\_\_\_\_

Yes  No b) Is any member of the household listed on any state sex offender registry?

Yes  No e) Has any member of your household ever been convicted of the use or the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? If "YES", please explain: \_\_\_\_\_

Yes  No f) Have you ever filed for bankruptcy? If "YES", what year, why: \_\_\_\_\_

4. **Vehicle Identification:**  
 a) License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Make/Model/Year: \_\_\_\_\_  
 b) License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Make/Model/Year: \_\_\_\_\_

5. **Current Job: List current job information for all adults, 18 & over, of household (full- part-time)**  
 If you are self-employed, please list that information below, and list income in Section 6.

a) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_

b) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_

6. **Household Income and Liabilities (Bills Owed)**

a) **INCOME:** (List ALL income received by any person who will reside in the unit such as a full- or part-time job, Social Security/SSI, disability, AFDC, child support, alimony, pensions, unemployment, etc)

Family Member Name	Source of Income	GROSS Amount of Income \$	Frequency of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) **LIABILITIES (Your bills):** Please list any monthly bills, including cable, internet fees, utilities, alimony, credit acc'ts (ex.: car payments, personal credit cards, car insurance, child support, cell phone)

<u>Lender:</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **Landlord References:** List the last 5 years of where you have lived, even if living with family members.

a) **Current Landlord's Name:** \_\_\_\_\_

Landlord's Address, city, zip: \_\_\_\_\_

Current Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_

Name(s) on Lease: \_\_\_\_\_

Why do you want to relocate? \_\_\_\_\_

Are you being evicted or have you, your family or guests caused damage to the unit? \_\_\_\_\_

b) **Previous Landlord's Name:** \_\_\_\_\_

Landlord's Address, city, zip: \_\_\_\_\_

Previous Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_

Why did you relocate? \_\_\_\_\_

Were you evicted or did you, family or guests cause damages to the unit? \_\_\_\_\_

**Attach additional pages, if necessary to cover last 5 years.**

8. **Emergency Contact:** (List someone not living in household.)

**1st Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, city zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cellphone: \_\_\_\_\_

**2nd Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, city zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cellphone: \_\_\_\_\_

10. **How did you hear about this property?** \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

**SIGNATURE CLAUSE:**

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility and suitability for occupancy. I will provide all necessary information and expedite this process in any way possible.

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to naming any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies, obtaining credit information from the other credit institution, as well as conducting criminal, eviction and landlord checks.

I hereby grant this property & Evergreen Real Estate Services, LLC the right to process this application for the purposes of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current & former employers to release information that they may have about me and release them from my liability & responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.



ALL ADULT household members (18 years of age and older) must sign below:

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, sexual identity, handicap or familial status.

**RETURN APPLICATION TO the Rental Office at:  
Manager  
Pine Ridge Management Office  
4700 Schubert Rd. Knoxville, TN 37912**

For assistance in completing the application, please call the Manager at (865) 688-6991