

**W. C. COMPANY**  
*REAL ESTATE INVESTMENT COMPANY*

Phone: (615) 227-7690  
Fax: (615) 227-7695

1511 Dickerson Road  
Nashville, TN 37207

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THIS IS TO ACKNOWLEDGE THAT I AM PAYING A \$25.00 (twenty-five dollar) APPLICATION FEE. IF MY APPLICATION IS TURNED DOWN FOR *ANY* REASON, THE FEE IS **NON-REFUNDABLE**.

\* Please present picture ID.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PROPERTY YOU ARE APPLYING FOR: \_\_\_\_\_

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**APPLICATION**

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Anticipated length of occupancy: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Name of Co-Tenant: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Other occupants/ Children:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Present Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
How long at present address: \_\_\_\_\_  
Landlord: \_\_\_\_\_  
Landlord phone no.: \_\_\_\_\_  
Reason(s) for leaving: \_\_\_\_\_

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Prior Address: \_\_\_\_\_  
How long at prior address: \_\_\_\_\_

Car Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_  
Car Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

- There is a limit of two cars and two parking spaces per trailer in the trailer parks.

## Occupation

Tenant:

Present Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

Prior Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_

Co-Tenant:

Present Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

Prior Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_

## References

Credit Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Highest Amount Owed: \_\_\_\_\_  
Purpose of Credit: \_\_\_\_\_  
Account Opened/ Closed dates: \_\_\_\_\_

Personal References: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Length of Acquaintance: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Financial Information

Tenant:  
Bank Name/Financial Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Bank Account No.: \_\_\_\_\_

Co-Tenant:  
Bank Name/Financial Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Bank Account No.: \_\_\_\_\_

## Questions

Do you have any pets? \_\_\_\_\_  
If yes, please list the age, size, type, breed and whether or not your pet is spayed or neutered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been turned over to collection? \_\_\_\_\_  
If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed Bankruptcy? \_\_\_\_\_  
If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been evicted from any tenancy? \_\_\_\_\_  
If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever willfully and intentionally refused to pay any rent when due? \_\_\_\_\_  
If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any other occupants ever been arrested for drugs or any other alleged crimes? \_\_\_\_\_  
If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/We declare the foregoing to be true under penalty of perjury.**

I/We agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above. We the undersigned, agree to pay monthly plus security deposit prior to moving in. I/We understand that a 10% late charge will be assessed if our rent is past due according to the Rules. My/Our deposit is refundable after we move and our rented space has been inspected. I/We also understand that owner may inspect the space inside and out at any reasonable time without notice. Only the above listed persons are allowed to reside in the home. I/We also agree that the owner shall not be liable for damage or injury arising out of our occupancy of the space and agree to hold the owner harmless from any claims, suits, judgments, or attorney's fees arising out of such injury or damage. I/We understand that failure to provide full and accurate information may be cause for eviction. Tenant agrees to vacate house within 10 days written notice. I/We certify that the above information is true. I/We understand that all rent is NON-REFUNDABLE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

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Applicant Name: \_\_\_\_\_

Current/Previous Address: \_\_\_\_\_

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any housing programs.

Information inquiries about: child care expenses, citizenship, credit history, criminal activity, family composition, employment, income, pension, assets, federal or state assistance or benefits, handicapped assistance expenses, identity and marital status, medical expenses, social security numbers, residences, and rental history, etc.

Individuals or Organizations that may release information: Banks and other Financial Institutions; Courts; Law Enforcement Agencies; Credit Bureaus; Employers, past and present; Landlords; Providers of Alimony, Child Care, Handicapped Assistance, Medical Care; Pensions/Annuities; Schools and Colleges; US Social Security Administration; US Dept. of Veterans Affairs; US Dept. of Immigration Affairs; Utility Companies; Welfare Agencies.

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand that my application may be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

I certify that the above named individual(s) has read this document or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
date

**THERE IS A NON-REFUNDABLE \$25.00 APPLICATION FEE TO PROCESS THE INFORMATION IN YOUR APPLICATION.**