



## **BRIARWOOD APARTMENTS**

116 Guy Barnett Drive Waverly, TN 37185 1-931-296-9252

## APPLICATION FOR ADMISSION

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

Α. (	GENERAL INFORMA	TION			
Applicant's name (s):			Telephone #		
Address:_					
	Street	Apt. #	City	Zip	
Martial St Bedroom	atus: Married N size requested:	ever Married Div One	vorce Widow	Three	
Does your	r household receive, or is	s it applying to receive,	Section 8 rental or vouche	r assistance? Yes No _	
			or have been in the past 12		
B. F List ALL	FAMILY HOUSEHOL persons who will live in	D COMPOSITION the apartment. List He	ext 12 months.		
N	ame		of Birth	Social Security #	
			V) (2)(1)		
2.					
3					
4,					
5					
ο					
Will all m	inor(s) listed above be li	iving in the unit 50% or	more of the time? Yes	_No	
С 1	NCOME. LICT.	ALL COURCES OF P	MCOME TO DECITEOUS	D DELOW.	
C. I	NCOME: LIST A	ALL SOURCES OF II	NCOME AS REQUESTE	D BELOW:	
Family M	ember	Source of In	come	Amount	
<u></u>	**************************************	1.7 × 13 1. 7 × 1. 7 1. 3 ()	The state of the s	CAMBRIDATION OF THE PROPERTY OF THE PARTY OF	
		a. Social Security	Monthly Amo	ount \$	
		Social Security	Monthly Am	ount \$	
		b. Pension	Monthly Am	ount \$	
		c. Veterans Benef	its Monthly Am	ount \$	
		d. SSI Benefits	Monthly Amo	ount \$	
		SSI Benefits	Monthly Amo	ount \$	

e. Unemployment Comp...... Monthly Amount \$

	f. AFDC	Monthly Amount \$ Monthly Amount \$
<del></del>	h Child Support	Monthly Amount \$
A STATE OF	i Interest Income	Monthly Amount \$
	i. Other Income	Monthly Amount \$
Do you request either a handicap / di both?	sability adjustment to income or a	special handicapped accessible unit or
Tenant's Employer:		Telephone #
Address:		
Position held:	How	v long employed?
Gross wagesMonthly	Amount \$	
Previous Employer:	14, 12, 24, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1	
Audress.		
Co-Tenant's Employer:		Telephone #
Address:	11	1 1 10
Position neig:	How	v long employed?
TOTAL GROSS ANNUAL INCOM \$	E (Take the total of the monthly ar	mounts listed above and multiply x 12)
D. ASSETS		
Savings account #	Bank	
Checking Account #	Bank	
Certificates #	Dank	
Savings Bonds #	Maturity Date:	3700-40000000000000000000000000000000000
Appraised Market Value \$ _	perty? Yes No	
VEHICLES: List any cars, truck	s or other vehicles owned	
Type of Vehicle		Color
License Plate #	rode/irrate	
***************************************		
Type of Vehicle License Plate #	Year/Make	Color
	ed ahove (eveluding perconal prop	erty) such as 401K. Money Market Funds
Do you have any other assets not liste Stocks or joint accounts? Yes	No	
Stocks or joint accounts? Yes	No	
Stocks or joint accounts? Yes	e ONLY for children 12 & youn	ger:
Stocks or joint accounts? Yes	e ONLY for children 12 & young Age Age	ger:
Stocks or joint accounts? Yes  If YES, List:  E. CHILD COSTS: Complet  Name(s) of children cared for:  1.  2.  3.	e ONLY for children 12 & young AgeAgeAge	ger:
Stocks or joint accounts? Yes  If YES, List:  E. CHILD COSTS: Complet  Name(s) of children cared for:  1.  2.  3.	e ONLY for children 12 & young AgeAgeAge	ger:
Stocks or joint accounts? Yes  If YES, List:  E. CHILD COSTS: Complet  Name(s) of children cared for:  1.  2.  3.  4.  Name and Address of person or agen	No Age Age Age Age Age cy caring for children:	ger:
Stocks or joint accounts? Yes  If YES, List:  E. CHILD COSTS: Complet  Name(s) of children cared for:  1.  2.  3.  4.  Name and Address of person or agen	No Age Age Age Age Age cy caring for children:	ger:

If Yes, where?		10-14 T	When?
Descr	ibe reasons:		
F.	REFERENC	CE INFORMATION	
Currei	nt Landlord:		Telephone #
Previo	ous rental inforn	nation: Prior Landlord	Telephone #
Cradit	References:	Address:	
1,	Name		Telephone #
2.	Name		Telephone #
3.	Name		Telephone #
Person	nal Non-Related	References:	Telephone #
2.	Address: Name		Telephone #
3.	Name Address:		Telephone #
Father	r's Name	erences, or Emergency contacts	Telephone #
Mothe	er's Name		Telephone #
I certi made repres appro- most o	fy that the foreg to verify the sta sentatives. I furt val by Landlord current certificat	toing information is true and contements above, or other inquiries ther certify that only those persons is given. Names of all persons that on prepared for my household	mplete to the best of my knowledge. I authorize inquiries to be as deemed necessary by the Landlord, its agents or authorized ons listed on this application will occupy dwelling, unless prior authorized by Landlord to occupy dwelling will appear on
reques	sted for interim	adjustment constitutes grounds	for termination of assistance. I also agree that the unit applied I will not maintain a separate subsidized rental unit in a
		APPLICANT	CO-APPLICANT
Race/	DA National Origin		DATE

Return to: Briarwood Apartments 116 Guy Barnett Dr. Waverly, TN 37185 I give my permission for the apartment complex I am applying for authorization to obtain a credit report and a background check. I understand any negative information that may be obtained could result in denial of my application.

Signature of Applicant	Date	
Signature of Applicant	Date	- v ner n v v v ner en vener ner en vener en de en
Name		
Date of Birth		
Social Security Number		
Name		
Date of Birth		
Social Security Number		

Please attach copy of driver's license and social security card. Anyone applying for apartment over the age of eighteen must sign permission for credit and background.