



**CLOVERLEAF APARTMENTS**

121 Cloverleaf Lane  
Madisonville, TN 37354  
423-442-3333

**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.”

**A. GENERAL INFORMATION**

Applicant’s name (s): \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Never Married \_\_\_\_\_ Divorce \_\_\_\_\_ Widow \_\_\_\_\_  
Bedroom size requested: One \_\_\_\_\_ Two \_\_\_\_\_ Three \_\_\_\_\_

Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes \_\_\_ No \_\_\_

Are any adults enrolled in an institute of higher learning or have been in the past 12 months? Yes \_\_\_ No \_\_\_

**B. FAMILY HOUSEHOLD COMPOSITION**

List ALL persons who will live in the apartment. List Head of Household first:

List any anticipated change in the household within the next 12 months. \_\_\_\_\_

Name	Relationship to Head of Household	Date of Birth	Social Security #
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Will all minor(s) listed above be living in the unit 50% or more of the time? Yes \_\_\_ No \_\_\_

**C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:**

Family Member	Source of Income	Amount
_____	a. Social Security .....	Monthly Amount \$ _____
_____	Social Security .....	Monthly Amount \$ _____
_____	b. Pension .....	Monthly Amount \$ _____
_____	c. Veterans Benefits.....	Monthly Amount \$ _____
_____	d. SSI Benefits .....	Monthly Amount \$ _____
_____	SSI Benefits .....	Monthly Amount \$ _____
_____	e. Unemployment Comp.....	Monthly Amount \$ _____

\_\_\_\_\_ f. AFDC ..... Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ g. Alimony ..... Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ h. Child Support ..... Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ i. Interest Income ..... Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ j. Other Income ..... Monthly Amount \$ \_\_\_\_\_

Do you request either a handicap / disability adjustment to income or a special handicapped accessible unit or both? \_\_\_\_\_

Tenant's Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held: \_\_\_\_\_ How long employed? \_\_\_\_\_  
 Gross wages.....Monthly Amount \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_

Co-Tenant's Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position held: \_\_\_\_\_ How long employed? \_\_\_\_\_  
 Gross wages.....Monthly Amount \$ \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME (Take the total of the monthly amounts listed above and multiply x 12)  
\$ \_\_\_\_\_

**D. ASSETS**

Savings account # \_\_\_\_\_ Bank \_\_\_\_\_  
 Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_  
 Certificates # \_\_\_\_\_ Bank \_\_\_\_\_  
 Savings Bonds # \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_  
 If YES, Type of Property: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Appraised Market Value \$ \_\_\_\_\_  
 Mortgage of outstanding loans balance due: \_\_\_\_\_

VEHICLES: List any cars, trucks or other vehicles owned.  
 Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
 License Plate # \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
 License Plate # \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property) such as 401K , Money Market Funds, Stocks or Joint Accounts? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If YES, List: \_\_\_\_\_

**E. CHILD COSTS: Complete ONLY for children 12 & younger:**

Name(s) of children cared for:  
 1. \_\_\_\_\_ Age \_\_\_\_\_  
 2. \_\_\_\_\_ Age \_\_\_\_\_  
 3. \_\_\_\_\_ Age \_\_\_\_\_  
 4. \_\_\_\_\_ Age \_\_\_\_\_

Name and Address of person or agency caring for children: \_\_\_\_\_

Weekly cost for childcare due to employment \$ \_\_\_\_\_ education \$ \_\_\_\_\_

Have you even been evicted from Public Housing or any other Federal Housing Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, where? \_\_\_\_\_ When? \_\_\_\_\_  
Describe reasons: \_\_\_\_\_

**F. REFERENCE INFORMATION**

Current Landlord: Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

Previous rental information:  
Prior Landlord \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

Credit References:  
1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

Personal Non-Related References:  
1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

Personal Related References, or Emergency contacts:  
Father's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above, or other inquiries deemed necessary by the Landlord, its agents or authorized representatives. I further certify that only those persons listed on this application will occupy dwelling, unless prior approval by Landlord is given. Names of all persons authorized by Landlord to occupy dwelling will appear on most current certification prepared for my household.

I understand that deliberate submission of false information on any application, certification, recertification or requested for interim adjustment constitutes grounds for termination of assistance. I also agree that the unit applied for will be my household's permanent residence and I will not maintain a separate subsidized rental unit in a different location.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

Race/National Origin: \_\_\_\_\_

**Return to: Cloverleaf Apartments**  
121 Cloverleaf Lane  
Madisonville, TN 37354

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

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.