



Where History Meets Modern Living!

Rental Application

Non-Refundable Fee: \$50.00

(NO CASH—CHECK OR M/O ONLY)

Please make payable to:

“University Real Estate & Property Management, LLC”

603 Main Street o Knoxville, TN 37902 o 865-766-2099 o www.mabknoxville.com

PERSONAL INFORMATION

Each adult (18 or older) must fill out a separate application.

First	Middle	Last
Social Security # (Required)	Date of Birth	Driver's License #
E-Mail Address	Cell Phone	

Please list any additional applicants: _____

RESIDENCE HISTORY

Present Address: _____
 City: _____ State: _____ Zip: _____
 Month and Year Moved In: _____ Monthly Rent: _____
 Landlord's Name: _____ Phone: (____) _____
 Reason for Moving: _____

EMPLOYMENT INFORMATION

Your Current Status: Full Time Part Time Retired Self Employed Unemployed

Employer: _____
 Employer's Address: _____
 City: _____ State: _____ Zip: _____
 Position Held: _____ Salary: _____ Per: _____
 Supervisor: _____ Phone: (____) _____
 Length of employment: _____ Months _____ Years

List any verifiable sources and amounts of income you wish to have considered (optional):

Amount \$ _____ per _____ Source _____

BANKING INFORMATION

Bank/Institution Name	City/State	Branch	Type of Account

Medical Arts Building is professionally managed by:
 University Real Estate & Property Management, LLC
 817 19th Street o Knoxville, TN 37916 o 865-673-6600 o 865-673-5982 (Fax)

REFERENCES & EMERGENCY CONTACTS

	Emergency Contact	Personal Reference
Name		
Street Address		
City, State, Zip		
Phone Number		
Relationship		

GENERAL INFORMATION

- Have you ever been:** Evicted? No Yes
 Served with a late rent notice? No Yes
 Sent to collections? No Yes
 Convicted of a felony? No Yes

Explanation to any yes answers:

AUTHORIZATION SIGNATURE

I believe that the statements I have made are true and correct. I hereby authorize University Real Estate & Property Management, LLC to make a credit and/or criminal background check, verify information I provide and communicate with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature of Applicant: _____ Date: _____

Please Return All Applications To:

Medical Arts Building
 C/o University Real Estate & Property Management, LLC
 817 19th Street
 Knoxville, TN 37916
 Fax: 865-673-5982

Medical Arts Building is professionally managed by:
 University Real Estate & Property Management, LLC
 817 19th Street ○ Knoxville, TN 37916 ○ 865-673-6600 ○ 865-673-5982 (Fax)