



O: 615-596-2270 | F: 866-811-3378 | EMAIL: OFFERS@MARCIESWEET.COM

WWW.MARCIESWEET.COM

KELLER WILLIAMS
MARCIE SWEET
30 BURTON HILLS BLVD SUITE 175
NASHVILLE TN 37215

[MAP TO OFFICE](#)

Please find the attached rental application, employment and rental verification forms.
Each applicant is to fill out a SEPARATE application packet.
(Anyone over the age of 18 years needs to fill out an application packet)
The following items MUST BE included:
 PROOF OF INCOME (2) MOST RECENT
 - PAYSTUBS OR COPIES OF BANK STATEMENTS
 - COPY OF DRIVER'S LICENSE
APPLICATION FEE OF \$35 PER PERSON CASHIER'S CHECK OR MONEY ORDER (TO ADDRESS ABOVE) PAYABLE TO MARCIE SWEET
MONEY ORDER OR CASHIER'S CHECK FOR SECURITY DEPOSIT - SEPARATE FROM APPLICATION FEE. MADE PAYABLE TO KELLER WILLIAMS
PLEASE MAKE SURE APPLICATION IS FILLED OUT COMPLETELY AND FAX EVERYTHING LISTED ABOVE TO 1-866-811-3378 (NO COVER NEEDED)

RENTAL APPLICATION

APPLICANT INFORMATION					
Date:		Name:			
Email:		Phone:			
DOB:	SSN:	Driver's License #:			
Present Address:					
City:			State:	ZIP Code:	
Own:	Rent:	Monthly Amount:		How long?	
Name of Landlord:			Phone:		
Previous Address:					
City:			State:	ZIP Code:	
Own:	Rent:	Monthly Amount:		How long?	
Name of Landlord:			Phone:		
Have you ever filed Bankruptcy:					
How many will be living in this unit?	# of Adults:	# of Children:	Pet Information:		How Many:
Type:	Breed:			Weight:	
Type:	Breed:			Weight:	
EMPLOYMENT INFORMATION					
Current Employer:			Occupation:		
Address:					
City :		State:		ZIP Code:	
Phone:			Contact Person:		
Current Salary:			How Long:		
Previous Employer:			Occupation:		
Address:					
City:		State:		ZIP Code:	
BANK INFORMATION					
Bank Name:			Branch:		
Phone:			Contact:		
Checking Acct #:			Savings Acct #:		
PERSONAL REFERENCES					
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
CREDIT REFERENCES					
Credit Grantor:		Acct #:		Phone:	
Credit Grantor:		Acct #:		Phone:	
Credit Grantor:		Acct#:		Phone:	
OTHER INFORMATION					
# of Vehicles:					
Make:		Model:	Color:	Tag #:	
Make:		Model:	Color:	Tag #:	
Make:		Model:	Color :	Tag#:	



HAVE YOU EVER:	Filed Bankruptcy?	If so, When?
Been served eviction or asked to vacate a property you were renting?	Sued for unlawful detainer?	
Willfully or intentionally refused to pay rent when due?	If so, when?	
Have you ever been arrested for a felony or misdemeanor?	If so, what?	
How were you referred to us:	Realtor Name:	
Rental unit applied for:		
Move in Date:	Term:	Rent Amount:
CONSENT TO OBTAIN CREDIT/EMPLOYMENT INFORMATION		
I authorize, Marcie Sweet with SWEETPM, to investigate my credit qualifications and hereby release, in any manner, all of the information obtained by you. I further release all persons, agencies, or firms from any liabilities resulting from providing such information.		
I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION LISTED IN THIS APPLICATION IS TRUE AND CORRECT.		
Signature:		Date



LANDLORD REFERENCE REQUEST

Landlord Name:	Fax:
The applicant below has applied for residency with SweetPM. As part of our application process, it is necessary that we obtain verification of previous places or residency prior to occupancy.	
Applicant Name:	
PERMISSION GRANTED BY THE FOLLOWING:	
Applicant Signature:	Date:

LANDLORD TO FILL OUT INFORMATION BELOW

Dates of Occupancy:	From:	To:
Amount of Monthly Rent: \$	Amount of Deposit: \$	
Was rent paid timely?	# of late payments:	
NSF Checks:	How Many?	
Was proper notice given?	Is rent overdue at this time?	
Legal proceedings/evictions ever filed?	Deposit Returned?	If yes, how much?
Verified By:	Title:	
Date:	Phone #:	
PLEASE FAX BACK TO 866-811-3378 (NO COVER NEEDED)		



EMPLOYMENT VERIFICATION REQUEST

Company Name:	Fax #:
Supervisor Name:	
Applicant Name:	
The above applicant has applied for residency with Sweet ^{PM} . As part of our application process, it is necessary that we obtain verification of previous places or residency prior to occupancy.	
PERMISSION GRANTED BY THE FOLLOWING APPLICANT:	
Print Name:	
Signature:	Date:

EMPLOYER TO FILL OUT INFORMATION BELOW

Dates of Employment:	From:	To:
Position:	Monthly Salary: \$	
Tips, Commissions, Bonuses (Avg Per Week):		
Verified By:	Title:	
Date:	Phone #:	
PLEASE FAX BACK TO 866-811-3378 (NO COVER NEEDED)		



SECURITY DEPOSIT STATEMENT AND RECEIPT

Applicant Name:	
Property Address:	
Scheduled Move-in Date:	
Security Deposit Amount:	
Certified Check/Money Order #	
The above deposit amount is hereby placed in consideration for the above referenced rental unit. The above referenced rental unit will be removed from the rental market as of the date of receipt of said deposit.	
I understand that this deposit is refundable ONLY if my application is denied or rejected.	
This deposit will not be refunded if I change my mind and decide not to move-in, or if at move-out rental unit is not in move-in condition.	
Applicant Signature:	Date:
Sweet PM Agent Signature:	Date:

FORM MUST BE PRINTED AND FAXED BACK TO 866-811-3378 (NO COVER PLEASE)