Lovell Crossing Apartments

1300 Lovell Crossing Way Knoxville, TN. 37932 Office 865-539-9130



LOVELL CROSSING APARTMENTS, LLC. CORPORATE HOUSING APPLCIATION

Name of community: <u>Lovell Crossing Apartments, LLC.</u>				
Community Add	lress: 1300 I	Lovell Crossi	ing Way Knoxvil	le, TN 39732
Apartment number:				ent rent:
Lease term:			-	date:
Deuse term.			1,10,40,111	
APPLICANT(S) L	EGAL NAME	S ONLY:		
Legal Name of Busine	AGG		List "DBA" if appli	anhla
Legal Name of Busine	ESS		List DBA ii appii	cable
Federal Tax ID Numb	er Telep	hone Number	Fax Number	Email Address
Business Billing Addr	ess	City	State	Zip Code
Corporation	Sole Propriet	orship	Partnership	
COMPANY OFFIC	CER RESPON	SIBLE FOR I	EXECUTION OF L	EASE:
Name	Title	Telep	hone Number	Email Address
LIST (3) BUSINES	S REFERENC	CES FOR THI	S COMPANY:	
2. Name		Addr	ess:	
3. Name		Addr	ess:	
Telephone:				



ACCOUNTS PAYABLE CONTACT INFORMATION:

Name	Title	Telephone Number	Email Address
Address	City	State	Zip Code
COMPANY-SPON	NSORED RESIDI	ENT TO OCCUPY THE	APARTMENT:
First Name	Last Name	Date of Birth	Social Security Number
Address	City	State	Zip Code
Supervisor's Name	Telephone Number		Email Address
OTHER OCCUPA	ANTS:		
First Name	Last Name	Date of Birth	Relationship to Resident
First Name	Last Name	Date of Birth	Relationship to Resident
First Name	Last Name	Date of Birth	Relationship to Resident
CRIMINAL HIST Have you or any of YES/NO. If yes, explain		er been convicted of a fel	ony and/or misdemeanor?
Applicant grants p any investigative a		·	of criminal records through
Occupant's Signature	;		Date
Occupant's Signature	;		Date



PETS: Pets are restricted by weight (25 lbs. and under at mature age) and quantities (two pet per apartment). NON-REFUNDABLE pet fees are \$350 per pet.

Type	Breed	Name	Age	Weight	
Type	Breed	Name	Age	Weight	

VEHICLES:

Vehicles (including recreational and work vehicles) are restricted by type, number, and size. Applicants/residents must obtain written consent from management for all vehicles to be parked on site.

Please list all vehicles you plan to park in the complex:

Make	Model	Year	Color	Tag Number	State
Make	Model	Year	Color	Tag Number	State
Make	Model	Year	Color	Tag Number	State



LOVELL CROSSING APARTMENTS, LLC. CORPORATE HOUSING APPLCIATION

Lovell Crossing Apartments, LLC. is an equal housing opportunity provider, and, as such, does not discriminate based on race, religion, national origin, color, sex, handicap, or familial status in connection with the rental housing. Lovell Crossing Apartments, LLC. reserves the right to deny applicants not meeting the rental criteria. Lovell Crossing Apartments, LLC. reserves the right to deny housing to any applicant or occupant who has been convicted of a crime which would be considered a serious threat to other residents, property staff, or the property.

I, (We)		have submitted this application for
Apartment #	at	
Date		

with the following understanding:

- 1. Incomplete or inaccurate information voids this application. If a Lease Agreement is signed between applicant(s) and Landlord based on inaccurate or incomplete information, Lease Agreement will be terminated.
- 2. A non-refundable administration fee of \$150 plus \$40 application fee per occupant and \$75 for the company must be paid by Applicant(s) to process this application. Applicant(s) hereby waives any claims for damages by reason of non-acceptance of this application.
- 3. Applicant(s) grant permission for any necessary credit checks, employment verification, rental or mortgage verification, financial verification, and any necessary investigation of criminal records through any investigative agencies of this company's choice.
- 4. A holding deposit in the amount of \$600/\$200 has been deposited with Landlord to hold this apartment. This holding deposit is subject to the following conditions:
- a.) If the application is not approved, this deposit will be refunded to Applicant.
- b.) This deposit will be used to hold the apartment until the agreed upon move in date. If the applicant fails to move in on the agreed date through no fault of the Landlord, this deposit will be retained by the Landlord.
- 5. At the time of move-in, this deposit may be applied toward payment of the security deposit as required by the Lease Agreement.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

Signature	Date
Signature	Date



For office use only: A copy of this page should be returned to applicant as receipt for money paid.

Date application received:	
Application Fees: \$ Agent's Initials	(Company = \$75 / Occupant = \$40 each)
Security Deposit: \$ Agent's Initials	(\$600 = Furnished or 3-5 month lease / \$200 standard)
Administration Fee: \$150Agent's Initials	
Pet Fee(s): \$ Agent's Initials	
Authorized Agent for Owner's S	ignature Date

