



Corporate Quarters, Inc. Rental Qualification Guidelines

Qualification Guidelines: The Leaseholder(s) must fill out an Application and are considered to be a Resident. Credit History, Income/Employment, and Criminal History are verified for all Applicants. All information must be accurate and complete, as well as verifiable.

Credit Worthiness: A Credit Report will be secured for the Leaseholder to verify credit ratings. A Minimum Credit Score of 650 is required. (Unfavorable accounts, which negatively influence this score, include, but are not limited to: Collection(s), Charge Off(s), Repossession(s), and Current Delinquency). *Other Options May be Offered to Secure A Lease if Credit is Not Approved, at CQI's Discretion.*

Income/Employment: Gross Monthly/Annual Income will be Verified for Leaseholder using Corporate Quarters, Inc. Job Verification Form. Monthly Rent Cannot Exceed 30% of Income. In some cases a payroll check less than 30 days old may be used. If self-employed or primarily commission-based, a copy of the previous tax year's return and current bank account will be required.

Criminal History: A Criminal Background Search will be conducted for each Leaseholder and Occupant over the age of 18. If no Social Security Number is available for Criminal Background Check, A copy of Passport(s) and work/travel Visa(s) must be provided, if over the age of 18

The Applicant can/will be rejected for any of the following Criminal Related reasons:

- Felony conviction(s)*
- Any Terrorist Related Conviction*
- Any Illegal Drug Related Conviction*
- Any Prostitution Related Conviction*
- Any Sex Related Conviction*
- Any Cruelty to Animals Conviction*
- Misdemeanor Conviction Involving Crime Against Persons or Property*
- Active Status on Probation or Parole Resulting from any of the Above*



Corporate Quarters, Inc.
"Your Home Away From Home"



Corporate Quarters, Inc. does business in accordance with the Fair Housing Act. We provide equal housing and service for all people regardless of race, religion, sex, national origin, handicap or familial status.

Phone (865) 675-3146

Toll Free (800) 697-9312 ♦ Fax (865) 675-3284

Website: www.knoxcorporateapts.com

*Corporate Quarters
10912 Murdock Road
Knoxville, Tennessee 37932
865-675-3146 phone 800-697-9312 toll free 865-675-3284 fax
mail@corporatequarters.net www.knoxcorporatepts.com*

PLEASE CHECK THE TENTATIVE LENGTH OF STAY: 90-DAY: 60-DAY: 30-Day:

PERSONAL INFORMATION FOR CREDIT AND EMPLOYMENT VERIFICATION

LEASE PLACED IN INDIVIDUALS NAME

Applicants Full Name:

Date of birth:

SSN:

Phone:

E-mail:

Phone:

Cell Phone:

Work Phone:

OTHER OCCUPANTS, CHILDREN, ROOMMATES: IF ADDITIONAL OCCUPANTS REQUEST ADDITIONAL FORM

Name:

Age:

Relationship:

SSN:

Name:

Age:

Relationship:

SSN:

Name:

Age:

Relationship:

SSN:

Name:

Age:

Relationship:

SSN:

CURRENT ADDRESS:

Street:

City:

State:

ZIP Code:

Month/Year Moved In:

Reason for leaving:

Owner/ Agent:

Phone #:

CURRENT EMPLOYER:

Name of Employer:

Position:

Supervisor:

Work Phone:

Employer's Address:

City:

State:

Zip:

Date Employed:

Salary: \$

Per:

If under 6 mos., give name & address of previous

Name:

Phone:

Address:

Spouses Employer:

Salary:

Per:

Position:

Phone:

Ext.:

Employer's Address:

City:

State:

Zip:

Are you a U.S. Citizen?

Yes

No

If no, please provide us with a copy of passport, visa or green card.

VEHICLE INFORMATION:

Your Driver's License #:

State:

Vehicle Make/ Model:

Year:

Tag #:

State:

Vehicle Make/ Model:

Year:

Tag #:

State:

Boat, RV, or
Trailer?Yes No

Make/Model:

Tag#:

State:

ADDITIONAL INFORMATION:

Have you ever?

Filed Bankruptcy? Been Evicted? Refused to pay rent? **Pets (Number, Kind, Weight)****Applicable pet fees will be required**

Emergency Contact:

Phone:

Relationship:

PAYMENT METHOD:

Credit Card#:

CID#

(Usually on back - 3#):

Expiration Date:

Circle One: VISA: MC: AMEX: DEBIT:

Name of Cardholder:

Authorized Signature:**Please mail receipts to apartment address:**Yes No

-OR-

Please mail receipts to:

(If no choice is preferred, receipts will be kept on file at Corporate Quarters).

By signing the credit card information above you agree to allow Corporate Quarters to charge to the credit or debit card number provided all deposits, fees, rents, additional services or inventory, and/or any damages or missing inventory to the apartment or community including non-returned keys and gate cards that may exceed the refundable deposit paid at time of move in. The credit or debit card provided will remain in Corporate Quarters records until 90-days after the leased premises have been vacated. By signing below, I also agree to the use of this card without my signature for charges that a signed facsimile of this agreement shall suffice as an original.

_____ *Yes, please include local phone service in my rental package (\$2 per day; \$60 Set-up fee will apply)*

Corporate Quarters no longer provides local phone service, only 911 services in the apartment homes. If you choose to add this service as an extra amenity we will gladly order the service once your lease agreement has been signed and returned. Please allow 3 - 5 business days for connection from the phone carrier. We will provide you a phone number once the service is ordered. PLEASE EMAIL THE PHONE NUMBER TO:

_____ *No, I do not want local phone service added to my account.*

I hereby deposit \$200.00 as earnest money to be refunded to me if this application is declined based on information received from credit bureau, employer, etc. or if cancelled by applicant with 72 hours of making the reservation. A non-refundable \$40.00 application fee will still be charged to process the application. **If applicant does not lease the apartment after 72-hour period has expired, the earnest money is non-refundable.** I declare that the statements above are true and correct, and I hereby authorize verification of references given and a credit check. Acceptance of this application is based on approval and apartment availability. Applicant understands that unless the minimum credit score, criminal background and employment verifications are met, the reservation may be cancelled and all earnest money less the application fee of \$40.00 will be refunded. A criminal background check must be completed prior to move in on all occupants 18 or older.

Signature: _____ Date: _____

Please fill out this form completely and fax back to Corporate Quarters at 865.675.3284

Stacia Blackerby

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865-675-3146 phone 800-697-9312 toll free 865-675-3284 fax
mail@corporatequarters.net www.knoxcorporateapts.com*

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK AND RESIDENT INFORMATION FORM

Apartment communities throughout our city, require all occupants, 18 or older to have a criminal background check done and on file. The information provided to Corporate Quarters for this check will be held in complete confidence and will not be shared unless authorized by occupant, requested by law enforcement, or the courts.

The cost of each report is a charge of \$10.00 for each occupant 18 or older.

Resident Information:			Name:		
Address:					
City:		State:		Zip:	
Date of Birth:			SSN:		
DL#:			State:		
Authorized Signature:					
Resident Information:			Name:		
Address:					
City:		State:		Zip:	
Date of Birth:			SSN:		
DL#:			State:		
Authorized Signature:					
Resident Information:			Name:		
Address:					
City:		State:		Zip:	
Date of Birth:			SSN:		
DL#:			State:		
Authorized Signature:					
Resident Information:			Name:		
Address:					
City:		State:		Zip:	
Date of Birth:			SSN:		
DL#:			State:		
Authorized Signature:					
Daytime Phone:			Mobile Phone:		
Email:			Fax:		
Vehicle:	Year:	Make:		Model:	Tag:
Vehicle:	Year:	Make:		Model:	Tag:
In case of emergency:					

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Request for Employment Verification

Date of Request: _____

I, _____, give my permission to release the information requested concerning my employment, to Corporate Quarters, Inc. The Management assures me that this information will be held in strict confidence.

Signature of Applicant: _____ Date: _____

PLEASE SUPPLY FAX NUMBER OF EMPLOYER:

To the Employer:

This request is for employment verification. Please fill out the following, sign, and date. The employer, immediate supervisor, human resources representative, or payroll personnel must complete this form. Please return the form to Corporate Quarters, Inc. as soon as possible to insure the approval of the applicant. If there are any questions, please feel free to contact us. Thank you very much for your time and assistance.

- Corporate Quarters, Inc.

1. Hire Date:

2. Salary History:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
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3. Position with employer:

4. Address of Employer:

City:

State:

Zip:

5. Phone number of employer:

Signature and Position of person giving information

Date