

CORPORATE QUARTERS, INC
Corporate Housing and Realty Service
Making Your Comfort Our Business
865-675-3146 – local 800-697-9312 – toll free 865-675-3284 fax
relocating@corporatequarters.net
www.KnoxCorporateApts.com



Individual Credit Application

The application process takes 1-2 business days to complete. Please return your application as soon as possible to ensure that you are able to move in by your desired arrival date.

Qualification Guidelines: All Leaseholders must be at least 18 years old. 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. If no Social Security Number is available for Criminal Background Check, A copy of Passport(s) and/or Work/Travel Visa(s) must be provided, if over the age of 18

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

- 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. 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.

Corporate Quarters Inc. PLEASE CHECK THE TENTATIVE LENGTH OF STAY: 90-DAY: 60-DAY: 30-Day:

Applicants Full Name:

Date of birth:

SSN:

Phone:

E-mail:

Phone:

Cell Phone:

Work Phone:

Are you a U.S. Citizen? Yes No

Have you ever filed bankruptcy, been evicted, or refused to pay rent?
Yes No Comments:

Will you be bringing pets? Yes No

Dog Weight: Breeds: ; Cat

Emergency Contact / Relationship:

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:
Address: Phone:**

Spouses Employer:

Salary:

Per:

Position:

Phone:

Ext.:

Employer's Address:

City:

State:

Zip:

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:

PAYMENT METHOD:		
Credit Card#:	CID#	Expiration Date:
Select One: VISA: <input type="checkbox"/> MC: <input type="checkbox"/> AMEX: <input type="checkbox"/> DEBIT: <input type="checkbox"/>		
Name of Cardholder:		
Authorized Signature:		
* Will your company reimburse you for your stay? NO: <input type="checkbox"/> FULLY: <input type="checkbox"/> PARTIALLY: <input type="checkbox"/> (please give amount) \$_____		
* Where would you like to receive your payment receipts :		
Keep on File (default) <input type="checkbox"/>	Mail to apartment address: <input type="checkbox"/>	Mail receipts to:
<p>In order to reserve an apartment home, applicant(s) must submit an executed application along with a non-refundable application fee for verification of information and credit approval. Applicant understands that an additional security deposit may be required based on credit score requirements. A credit card is required as part of the application process and the credit card provided must have a credit limit high enough to charge one month's rent regardless of whether the applicant pays their rent by credit card or other method.</p> <p>I agree to allow Corporate Quarters to charge to the credit or debit card number provided all deposits and fees. The credit or debit card provided will remain in Corporate Quarters records until 90-days after the leased premises have been vacated. I also agree to the use of this card without my original signature for charges. A signed facsimile of this agreement shall suffice as an original.</p> <p>By signing this application, I, the undersigned applicant(s), warrant and represent the information on this application for residency is true and correct and that Corporate Quarters is authorized to verify this information. Any false information, statement, or response on this application will constitute ground for immediate rejection of this application and, if applicable, may lawfully serve as basis for lease termination and/or eviction.</p>		
Signature: _____		Date: _____

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK AND RESIDENT INFORMATION FORM

Name:		Relationship to Lease Holder:	
Address:			
City:	State:	Zip:	
Date of Birth:		SSN:	
DL#:	State:		
Authorized Signature:			
Name:		Relationship to Lease Holder:	
Address:			
City:	State:	Zip:	
Date of Birth:		SSN:	
DL#:	State:		
Authorized Signature:			
Name:		Relationship to Lease Holder:	
Address:			
City:	State:	Zip:	
Date of Birth:		SSN:	
DL#:	State:		
Authorized Signature:			

***\$20 will be charged per background check processed by Corporate Quarters.**

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:

Below information to be completed by 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:
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5. Phone number of employer:

Signature and Position of person giving information

Date