



126 MAIN STREET SUITE A
CLARKSVILLE, TN 37040
OFFICE (931) 538-6049 FAX (931) 233-0300

CRITERIA TO APPLY

For your application to be considered, you must meet the following requirements:

1. You will need to show proof that you make at least double the rent in income per month AND that you have been at your current job for a minimum of three consecutive months. We ask you to provide your last 90 days of pay-stubs in order to prove this. If you are married, we can use the combined income of you and your spouse to qualify.
2. **We do not allow pets at any of our properties.** (EXCEPTION: AUTUMN RIDGE APARTMENTS AND VALLEY VIEW APARTMENTS.)
3. We will conduct a criminal background check on all applicants. **Having a felony on your record from any state or any time will automatically disqualify your application.**
4. We only offer a 12-month lease.

We will complete rental history verification by contacting your previous landlord.

We will also conduct a very thorough credit check. Credit checks are currently run through the following bureau: AmRent. The following factors could negatively affect the outcome of your application – **but are not automatic disqualifications.**

- **Negative credit score or lack of credit history**
- **Income:** If your total rent payment per month plus other revolving monthly payments is more than your net monthly income
- **Bankruptcies, Evictions, Judgements:** Must show proof that you have satisfied this debt
- **Any landlord collection:** Must show proof that you have satisfied this debt
- **Any other overdue debts to lenders**

All occupants over the age of 18 are required to go through this application process and pay a \$25 non-refundable application fee.

Millan Enterprises complies with Federal and Local Fair Housing Laws. We do not discriminate on the basis of race, sex, age, familial status, disability, sexual orientation, student status, veteran status, religion or national origin or any other basis protected by institutional policy or by federal, state, or local laws.

PROPERTY/ MONTHLY RENT



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RENTAL APPLICATION

Full Name _____ Date: _____
 First Middle Last

DOB _____ Social Security # _____ Drivers Lic. # _____

Married () Single () Divorced () Separated ()

Spouses Name _____ Maiden Name _____ Age _____

Present Home Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How long at present address _____ Landlord Name & Phone # _____

Reason for moving _____

Employer _____ Address _____ Phone# _____

Position _____ Supervisor _____ Monthly Income _____

How long with present employer? _____ Do you have pets? _____ What Kind? _____

Who will be living with you? _____

Does Applicant/Spouse or any proposed resident have an arrest record? _____

Name of Bank _____ Address _____

Email Address _____

CHARACTER REFERENCE

1. _____ Phone # _____

2. _____ Phone # _____

VEHICLE - Color, Make, Model, Year, License Plate Number and State where Licensed

1. _____

2. _____

I hereby certify to the best of my knowledge that the above information is true and correct and hereby authorize Millan Enterprises to obtain any credit, Job, Rental history or References at their discretion.

Applicants Signature _____ Date _____

For Office Use Only:

App Fee Paid: _____ Date: _____ Received by: _____ Method of Payment: Cash / Check / M.O. / CC

Required Copies: Photo I.D. _____ Proof of Income: _____ Expected Move In Date: _____



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BACKGROUND INVESTIGATION CONSENT FORM

The undersigned, _____
hereby gives permission to MILLAN ENTERPRISES, LLC and CBCInnovis, its employees, agents and it's designated members to complete a full investigation of my application by whatever means deemed necessary. This will include, but is not limited to, employment, including salary, rental verification, a credit report, criminal background search, education, references, MVR, Sexual Offence Registries, bankruptcy, and collection/judgment verification and verifications of any other things deemed necessary. The undersigned further understands that any and all records found will be submitted to the requestor. Any misrepresentations or omissions can result in the declination of my application.

Name: _____ Date of Birth: _____
 First Middle Last

Nick Names/Maiden Names/Married names: _____

Social Security No.: _____ Driver's License#: _____

State Licensed: _____ All states lived in: _____

Current Address: _____
 STREET ADDRESS CITY STATE ZIP

Previous Address: _____
 STREET ADDRESS CITY STATE ZIP

Telephone: _____ Best time to call: _____

Employer: _____ How long with present employer: _____

Position: _____ Monthly income: _____

Employer Telephone: _____ Email Address _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Title and Signature



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VERIFICATION of RENTAL HISTORY

To: _____ (Previous Landlord)

Re: _____ (Tenant Full Name)

Tenant Signature: _____

Dear Landlord: Please answer the following questions regarding the tenant's rental history. The above identified person has applied for residency with a property managed by Millan Enterprises LLC and has indicated to us that you now have (or recently had) this person as a tenant in your property located at:

Current/Previous Property Address: _____

As indicated by the signature shown below or attached, the tenant consents to the release of any/all information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below. Thank you.

Move-In Date: _____ Move-out Date: _____

Monthly Rental Amount: \$ _____

Lease Completed? Yes or No Lease Expires On: _____

Was Proper Notice Given? _____ Any NSF Checks? _____

Deposit Amount Given: _____ # of Late Payments: _____

Is Any Money Currently Owed: _____ If so how much? _____

Was Eviction Filing required? _____ Date: _____

Condition of Unit at Move-Out? _____ (Mark "Excellent, Good, Fair or Poor")

Would you rent to him/her again? _____

If you answered no please explain: _____

Other Lease Violations: _____

Additional Comments: _____

Name and Title of Person Reporting: _____

Signature: _____

Telephone #: _____ Date: _____

PLEASE FAX THE COMPLETED FORM TO OUR OFFICE AT (931) 233-0300