

**Smith - Madison - Ogle Properties**  
244 Henderson Ave- P.O. Box 4216 Sevierville, TN 37864  
Office # (865)428-5161 Fax (865)908-4688 [www.smoproperty.com](http://www.smoproperty.com)

Apartment Wanted \_\_\_\_\_ Date Wanted \_\_\_\_\_

How Many Adults? \_\_\_\_\_ How Many Children? \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ S.S.# \_\_\_\_\_

Drivers License # \_\_\_\_\_ Do you rent or Own? \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell phone # \_\_\_\_\_

Reason for moving? \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Rent amount \$ \_\_\_\_\_ per month

Present Landlord \_\_\_\_\_ Landlord Telephone# \_\_\_\_\_

Employed by \_\_\_\_\_ How long? \_\_\_\_\_

Job Position \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Telephone# \_\_\_\_\_

Do you have any Pets? \_\_\_\_\_ what? \_\_\_\_\_

Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ tag# \_\_\_\_\_

In case of Emergency Notify \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Have you ever been convicted of a felony? Explain \_\_\_\_\_

.....  
Co- Resident's Full Name \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ S.S.# \_\_\_\_\_

Drivers License # \_\_\_\_\_ Do you rent or Own? \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell phone # \_\_\_\_\_

Reason for moving? \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Rent amount \$ \_\_\_\_\_ per month

Present Landlord \_\_\_\_\_ Landlord Telephone# \_\_\_\_\_

Employed by \_\_\_\_\_ How long? \_\_\_\_\_

Job Position \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Telephone# \_\_\_\_\_

Do you have any Pets? \_\_\_\_\_ what? \_\_\_\_\_

Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ tag# \_\_\_\_\_

In case of Emergency Notify \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Have you ever been convicted of a felony? Explain \_\_\_\_\_

Name and age of all residents (all children): \_\_\_\_\_

.....  
Applicant's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Co Signed \_\_\_\_\_

NOTE: Applicants are required to pay First & Last months rent & deposit