



# Bernhardt Rentals

1127 N Washington Ave  
Cookeville, TN 38501  
931-559-7368 Fax: 931-400-0665

Proposed Property: _____ Proposed # of persons to occupy unit: _____
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## Rental Application

**WE MUST HAVE A COPY OF YOUR DRIVER LICENSE OR PASSPORT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Cell # (if different): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate# & State: \_\_\_\_\_  
Make, Model & Year

Previous Address: \_\_\_\_\_

If Rental How Long Lived There: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Did you pay a deposit? \_\_\_\_\_ If yes, did you get it back? \_\_\_\_ If no, why? \_\_\_\_\_

Landlords Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who to contact in the event of an emergency (if student, list both parent's information):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Personal References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby certify that the above given information is correct and do authorize Bernhardt Rentals to verify the information and access any other records necessary to complete a background and/or credit check. An individual photo will be made for verification procedures. A copy of your current driver license or passport is required before leasing an apartment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_