



L.E.A.P. ORG.

Leadership, Enlightenment, Academic Achievement,
Perseverance, Outreach, Responsibility, and Growth

303 Fairview Lane
Clarksville, TN 37040
www.leaporg.net

Rental Application

Name: _____ Date: _____

DOB: _____ Social Security #: _____ Driver's License #: _____
Married () Single () Divorced () Separated ()

Spouses Name: _____ Maiden Name: _____ Age: _____

Present Home Address: _____ City/State: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How long at present/previous 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: _____

Character Reference

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Vehicle – Color, Make, Model, Year, Registration # 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: _____

Housing Sponsored by Millan Enterprises LLC. - 308 S. Second St - Clarksville, TN 37040 - (931) 233-6049

Investigations By:

CBC Innovis
12316 St. Andrews Dr. Suite B
Oklahoma City, OK 73120
(405) 753-9114 Tel/ (405) 753-9606 Fax

BACKGROUND INVESTIGATION CONSENT FORM

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

Name: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____

Current Address: _____

Previous Address: _____

Nick Names, Maiden Names, other Married Names: _____

All States lived in: _____

Daytime Telephone #: _____ May we call you at this number? _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Title and Signature



308 S. SECOND ST
CLARKSVILLE, TN 37040
OFFICE (931) 538-6049 FAX (931) 233-0300