

# Serenity Independent Living Homes LLC

SAFE - STABLE - SUPPORTIVE LIVING

## Premium Tennessee Room Lease Application

Application to lease a private room or shared room in a non-medical independent living home.

**Private Room:** \$1,100 per month | **Shared Room:** \$900 per month | **Deposit:** \$300

**Important Notice:** This application is for screening purposes only. Submitting an application does not guarantee approval, create a lease, reserve a bed/room, or create a tenancy. Residency begins only after approval, payment of required move-in funds, and full execution of the applicable written agreement and house rules.

**Equal Housing Opportunity:** Serenity Independent Living Homes LLC follows fair housing principles. Applications are reviewed using consistent business criteria without discrimination based on legally protected characteristics.

Applicant Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Move-In Date: \_\_\_\_\_ Desired Location/House: \_\_\_\_\_

### Room Selection

Select	Room Type	Monthly Room Fee	Deposit	Notes
[ ]	Private Room	\$1,100	\$300	Single occupancy room unless written approval states otherwise.
[ ]	Shared Room / Bed Space	\$900	\$300	Shared sleeping arrangement; applicant agrees to respectful shared-room standards.

**Applicant Checklist Before Submission:** Copy of photo ID, proof of income or benefit award letter, emergency contact information, completed application, signed acknowledgments, and any required screening authorization.

# 1. Applicant Information

Legal Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. (last 4 only):  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

How long at current address?:  
\_\_\_\_\_

Reason for moving: \_\_\_\_\_

Driver License / State ID No.: \_\_\_\_\_

State Issued: \_\_\_\_\_

## Current Housing Status:

Renting own place

Staying with family/friends

Shelter/transitional housing

Hotel/motel

Currently unhoused

Other: \_\_\_\_\_

Have you ever lived in a shared housing environment?  Yes  No If yes, explain:  
\_\_\_\_\_

Are you applying with anyone else?  Yes  No Name/relationship:  
\_\_\_\_\_



## 2. Employment, Income & Payment Information

Employer / Income Source: \_\_\_\_\_

Position / Type of Income: \_\_\_\_\_

Supervisor / Contact: \_\_\_\_\_

Monthly Income Amount: \_\_\_\_\_

Additional Income: \_\_\_\_\_

Pay Frequency: \_\_\_\_\_

Expected payer if different from applicant:

\_\_\_\_\_

Income Verification Type:  Paystubs  Award Letter  Bank Statement  Employer Letter  Other:

\_\_\_\_\_

Applicant understands monthly room fee is due according to the written agreement and that unpaid rent/fees may affect residency. Initials: \_\_\_\_\_

## 3. Rental & Residence History

### Residence 1

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

Landlord/Manager Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Dates Lived There: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Residence 2

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

Landlord/Manager Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Dates Lived There: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been evicted, asked to leave housing, or had a lease terminated?  No  Yes - Explain:

\_\_\_\_\_

Do you owe money to a landlord, housing provider, utility provider, or shared living home?  No  Yes - Explain:

\_\_\_\_\_

Have you ever damaged rental property beyond ordinary wear and tear?  No  Yes - Explain:

\_\_\_\_\_

## 4. References



Reference Type	Name	Phone/Email	Relationship	Years Known
Personal				
Professional/Case Worker				
Family/Emergency Backup				

## 5. Independent Living Suitability & Shared Housing Expectations

This home is structured as non-medical independent living housing. Applicant must be able to live independently, manage personal needs, follow house rules, respect shared spaces, and maintain safe behavior in a shared residence.

Yes  No **Can you independently manage your daily schedule, hygiene, and room cleanliness?**

Yes  No **Can you safely prepare or obtain meals without staff assistance?**

Yes  No **Can you manage your own medications without staff administering, storing, or monitoring them?**

Yes  No **Can you follow quiet hours, visitor rules, and shared-space cleaning expectations?**

Yes  No **Can you live peacefully with roommates and resolve conflict respectfully?**

Yes  No **Do you understand that Serenity does not provide nursing care, medical care, personal care, transportation, medication administration, or supervision?**

**Reasonable Accommodation Notice:** Applicants may request reasonable accommodations related to disability as required by applicable law. Requests will be reviewed through an interactive process and must not create an undue burden, direct threat, or fundamental change to the housing program.

## 6. Emergency Contact & Support Contacts

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Case Manager / Support Worker (if applicable):**

\_\_\_\_\_

**Agency / Organization:** \_\_\_\_\_

**Phone / Email:** \_\_\_\_\_

## 7. Screening Authorization & Applicant Certification

**Authorization:** I authorize Serenity Independent Living Homes LLC, its owner, manager, or authorized agent to verify the information provided in this application, including identity, rental history, employment/income, references, and other lawful screening information permitted by applicable law.

**Truthfulness:** I certify that the information provided is true, complete, and accurate to the best of my knowledge. I understand that false, incomplete, or misleading information may result in denial of this application or termination of residency if discovered after move-in.

**No Guarantee of Approval:** I understand this application does not guarantee approval or placement. Approval is subject to availability, screening, payment of required move-in funds, and signing all required documents.

**Deposit Notice:** The listed deposit is \$300. The written lease/license agreement will control how the deposit is held, applied, returned, or withheld, including deductions for unpaid rent, damages beyond ordinary wear and tear, keys, cleaning, or other lawful charges.

**Application Review:** Serenity may deny an application for lawful business reasons, including inability to verify identity/income, negative rental references, unpaid housing balances, safety concerns, material false statements, inability to live independently, or failure to agree to house rules.

**Fair Housing:** Screening decisions will not be based on race, color, religion, sex, national origin, disability, familial status, creed, or any other protected class recognized by applicable federal, state, or local law.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## 8. Background / Safety Disclosure

Answering yes does not automatically deny the application. Serenity reviews disclosures using lawful, individualized business criteria related to safety, property protection, and shared-housing suitability.

No  Yes **Are you currently required to register on any public registry?** Explain:

\_\_\_\_\_

No  Yes **Do you have any pending criminal charges?** Explain:

\_\_\_\_\_

No  Yes **Have you been convicted of a crime involving violence, arson, property damage, theft, distribution of illegal drugs, or conduct that may affect shared housing safety?** Explain:

\_\_\_\_\_

No  Yes **Are there any court orders, no-contact orders, or legal restrictions Serenity should know to support safety?** Explain: \_\_\_\_\_

## 9. House Rules Acknowledgment

- Pay rent and fees on time as stated in the written agreement.
- Respect roommates, staff, neighbors, and property at all times.
- No violence, threats, harassment, theft, weapons, or illegal activity.
- No illegal drugs or unauthorized substances on the property.
- Follow quiet hours, visitor rules, smoking/vaping rules, parking rules, and cleanliness standards.
- Keep bedroom/bed space and shared areas clean and sanitary.
- Do not move another resident into the room/bed space or sublet without written approval.
- Do not damage property; report maintenance and safety concerns promptly.
- Shared room residents must respect privacy, sleep schedules, personal property, and boundaries.
- Resident understands this is housing only and not medical, nursing, assisted living, or personal care services.

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## 10. Move-In Cost Summary

Item	Private Room	Shared Room / Bed Space
Monthly Room Fee	\$1,100	\$900
Deposit	\$300	\$300
<b>Total Due Before Move-In*</b>	<b>\$1,400</b>	<b>\$1,200</b>

\*Final amounts may vary only if the written agreement states different lawful charges, prorated rent, or approved payment terms.

## 11. Office Use Only - Application Decision

- Photo ID received
- Income verified
- Rental history verified
- References contacted
- House rules reviewed
- Room/bed available
- Deposit received
- Agreement signed
- Move-in packet completed

**Selected Room Type:**  Private Room - \$1,100/month  Shared Room - \$900/month

**Decision:**  Approved  Approved with conditions  Waitlist  Denied

### Conditions / Notes:

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**Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Tennessee / Legal Disclaimer

This form is a business document prepared for Serenity Independent Living Homes LLC. It is not legal advice and does not replace review by a Tennessee attorney. Tennessee landlord-tenant requirements may vary based on county, property type, lease structure, and whether the Uniform Residential Landlord and Tenant Act applies. Serenity should use this application together with a separate written agreement, house rules, payment policy, privacy policy, and deposit handling procedures reviewed for the specific property.

Document Version: Premium TN Room Application - May 2026