TENANT QUESTIONNAIRE

| Date of Contact: | | | | | | | |
|--|---------------------|-----------|-----------------|------------------|--------------|------|---------|
| Phone Call In Person Ema | uil Referral | | | | | | |
| PERSONAL INFORMATION: | | | | | | | |
| Name: | | | | | | | |
| Mailing Address: | | | | | | | |
| Phone (H) | | | | (C) | | | |
| (FAX) | Email: | | | | | | |
| What type of contact do you prefer? | Call | Text | Email | | | | |
| # Tenants*: Adults: | Children (# & a | iges): _ | | | Smokers? | yes | no |
| Pets: yes no If yes, number | r and type: | | | | | | |
| Reason for relocating: | | | | | | | |
| How did you hear about Lakeside Pro | perty Rentals LLC | ? | | | | | |
| PROPERTY INFORMATION: | | | | | | | |
| Requested Move-In Date: | Desired Leng | gth of S | tay: | Select On | e: Furnished | Unfu | rnished |
| Type of Unit Desired: Stand-Alone H | 'ome Townhoi | me | Patio Home | Other: | | | |
| # Bedrooms: # Bathroom | s: Other | Desired | Features: | | | | |
| In addition to a stove and dishwasher | which additional ar | ppliance | es would you d | lesire? | | | |
| Refrigerator Microwave Washer I | Dryer Other: | | | | | | |
| Do you want a garage? yes no | | | | | | | |
| Preferred location / View: | | | | | | | |
| Are you a property owner? yes n | o If yes, are you b | ouilding | a home? Ye | es no If yes | s, where? | | |
| If yes, and in Tellico Village, do you | want to pay POA d | lues so y | you can use the | e facilities? ye | s no | | |
| What is your desired rental rate range | ? | | | | | | |
| Anything else you would like us to kn | IOW: | | | | | | |
| | | | | | | | |

* Lakeside Property Rentals fully complies with the Fair Housing Laws and the Americans with Disabilities Act.