

# RENTAL APPLICATION

Community:	_____
Date of App:	_____
Apt. No. Type:	_____
Rental Amt:	_____
Move/in Date:	_____
Sec. Dep.: \$	_____
Pet Dep.: \$	_____
Lease Term:	_____
Utility	_____
Transfer Fee: \$	_____
App. Fee: \$	_____
	(non-refundable)
Verified:	_____
Approval:	_____

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Name of Apartment Complex \_\_\_\_\_

Person paid rent to: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

**PREVIOUS RESIDENCES:**

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Apartment Complex \_\_\_\_\_

Person paid rent to: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Apartment Complex \_\_\_\_\_

Person paid rent to: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

**OTHER INFORMATION:** Pet(s) \_\_\_\_\_ Water Furniture \_\_\_\_\_

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

Additional Occupants: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_

Make/ Model/Year/License/Color No. All Vehicles: 1) \_\_\_\_\_ 2) \_\_\_\_\_

**EMPLOYMENT DATA:**

CURRENT EMPLOYER: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

**FINANCIAL DATA:**

Checking Account: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Open: \_\_\_\_\_ Closed: \_\_\_\_\_

Savings Account: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Open: \_\_\_\_\_ Closed: \_\_\_\_\_

Mortgage Holder/Loan Co: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Open: \_\_\_\_\_ Closed: \_\_\_\_\_

**OTHER INCOME (Investments, alimony, child support, assistance):**

\_\_\_\_\_ Account No.: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

\_\_\_\_\_ Account No.: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

\_\_\_\_\_ Account No.: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Employment Verification: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

Co-Applicant Verification: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

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

Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_ Clear Deposit Check: \_\_\_\_\_

Credit Verification: \_\_\_\_\_ Pmt. Record: \_\_\_\_\_ Pmts. \$ \_\_\_\_\_ Rating: \_\_\_\_\_

Credit Verification: \_\_\_\_\_ Pmt. Record: \_\_\_\_\_ Pmts. \$ \_\_\_\_\_ Rating: \_\_\_\_\_

Applicant agrees that the information provided is true and correct, and understands this information is used to approve or reject the application. Processing of this application will include verification of the given information and a consumer credit report will be obtained. A non-refundable application fee of \$ 30.00 is charged to obtain the credit report (\$ 12.00) and verify the information (\$ 18.00). NO CASH WILL BE ACCEPTED. TMG policy prohibits any employee from accepting cash. Payments may be made in the form of check or money order only. Resident shall be responsible for any payments made in cash or for money orders where the payee portion has been left blank.

\_\_\_\_\_, 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant