

**TMC MANAGEMENT AND REALTY, INC.
RENTAL APPLICATION**

OFFICE USE ONLY

DATE: _____

TIME: _____

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT 18 YEARS OF AGE AND OLDER. This application will not be considered unless all items are completed in full and unless a \$25.00 non-refundable application fee is paid by check or money order or cashier's check. We may require additional information at a later date.

Apartment Community: _____

Today's Date: _____

Your Telephone Number: _____

No. of Bedrooms Needed: _____

Your E-Mail Address: _____

How did you hear about the community? _____

HOUSEHOLD INFORMATION:

Complete the following information for each household member that will occupy the apartment at the time of move-in:

NAME (First, Middle, Last)	Relationship to Head of Household	Sex	Social Security Number	Birthdate (Month, day, year)	Marital Status
SELF:					

HOUSING INFORMATION (Residence history for the last three years.) Every blank must be complete.

Present Address _____ City _____ State _____ ZIP _____

Present Landlord _____ Landlord's Phone # _____

Landlord's Address _____ City _____ State _____ ZIP _____

Rent \$ _____ How Long? _____ Leaving for: _____

Previous Address _____ City _____ State _____ ZIP _____

Previous Landlord _____ Landlord's Phone # _____

Landlord's Address _____ City _____ State _____ ZIP _____

Rent \$ _____ How Long? _____ Leaving for: _____

Previous Address _____ City _____ State _____ ZIP _____

Previous Landlord _____ Landlord's Phone # _____

Landlord's Address _____ City _____ State _____ ZIP _____

Rent \$ _____ How Long? _____ Leaving for: _____

Have you ever been evicted from an apartment community? _____ If yes, please explain

PERSONAL REFERENCES (Do not list any family members)

1. Name _____ Address _____
 Phone # _____ Occupation _____ How long known? _____

2. Name _____ Address _____
 Phone # _____ Occupation _____ How long known? _____

3. Name _____ Address _____
 Phone # _____ Occupation _____ How long known? _____

HOUSEHOLD INCOME (Note: If you or anyone in your household age 18 years or older are self-employed, you will need to submit a copy of your last two year’s tax returns, Schedule C and a signed 1040. If you did not file taxes, a projected profit and loss statement is required from an accountant.)

Employment Information:

Company _____ Address _____
 Position _____ Salary: _____ Per Hour / _____ Per Month
 Phone # _____ How Long? _____

If employed with current employer less than one year, Previous Employer:

Company _____ Address _____
 Position _____ Salary: _____ Per Hour / _____ Per Month
 Phone # _____ How Long? _____

OTHER INCOME: (You will need to complete every blank. If you do not receive income from a particular source, you will need to put zero.)

SOURCE	AMOUNT RECEIVED FOR HEAD OF HOUSEHOLD	AMOUNT RECEIVED FOR SPOUSE, FRIEND, CHILD
Armed forces pay		
Unemployment benefits		
Workers’ Compensation		
Public Assistance, AFDC		
Tips		
Child Support/Alimony		
Social Security or SSI		
Veteran’s Benefits		
Pensions or Retirement Benefits		
Severance payments		
Settlements		
Disability		
Death Benefits		
Whole Life Insurance Dividends		
Regular gifts or payments		
Educational Grants, scholarships		
Lottery winnings or inheritances		
Rental property payments, or other real estate payments		
Other Income		

ASSET INFORMATION

(List all assets other than necessary personal possession such as autos, clothing, furniture, tools for business, and include any assets sold in the last two years. If you do not have a particular asset that is listed below you will need to put zero.)

Type of Asset	Bank/Where Held and Phone Number	Account #	Value or Amount	Interest Earned
Checking Account(s)				
Savings Account(s)				
CD's				
T-Bills or Keogh's				
IRA's				
Money Market Accounts				
Stock, Bonds				
Mutual Funds				
Real Estate (Fair Market Value)				
Trust Funds				
Other				

ADJUSTMENTS TO INCOME:

1. List any child care expenses for children 12 years of age and under. Be sure to list the amount paid and the institution that you pay. _____
2. Are you applying for status as an elderly household where any tenant or co-tenant will be claiming a \$400 deduction for _____ disability, _____, handicapped or _____ elderly status? _____
3. If you are 62 years of age or older, disabled or handicapped, please list your expected out-of-pocket medical expenses for the next 12 months, not covered by insurance. _____

OTHER INFORMATION:

1. Do you have the right to legally enter into a lease? YES _____ NO _____
2. Do you have personal property that you hold as an investment? (Such as stamp collection, antique cars, etc.)
YES _____ NO _____ If yes, please describe _____
3. Do you have cash on hand more than \$500? (Cash on hand means cash not held in the bank.)
YES _____ NO _____
4. Have you or any member in your household disposed of any assets for less than fair market value in the past two years?
YES _____ NO _____ If yes, please explain _____
5. Are you or anyone in your household a full-time student or planning to be within the next twelve months?
YES _____ NO _____
(If yes, further information will be needed and proof of the full-time student status will be needed.)
6. Please list all household members who are currently unemployed and 18 years of age or older (including applicant):

You will need to sign an Unemployed Applicant's Affidavit and attach your most recent tax return.

7. Do you expect any additions to your household income within the next 12 months? YES _____ NO _____

If yes, please explain _____

8. Do you have full custody of your children? YES _____ NO _____ N/A _____ (You may be required to provide documentation showing custody.)

9. Have you or anyone in your household ever committed a felony? YES _____ NO _____ If yes, please explain _____

Please list all previous convictions below:

10. Have you or anyone in your household ever filed for bankruptcy? YES _____ NO _____ If yes, please explain _____

11. Do you have anyone living with you now that will not be living with you in the apartment?
YES _____ NO _____ If yes, explain _____

12. Are any members of your household temporarily absent? YES _____ NO _____ If yes, please explain: _____

13. Are you separated, but not divorced from your spouse? YES _____ NO _____ If yes, please explain: _____

14. Are you receiving assistance with your rent through any government agency? YES _____ NO _____ If yes, please explain: _____

15. Do you own a boat, recreational vehicle, motorcycle or scooter? YES _____ NO _____

16. Do you own a pet? YES _____ NO _____

17. Will you need a handicapped accessible unit? YES _____ NO _____

18. Are you using illegal drugs? YES _____ NO _____

19. Are there any household members NOT already listed on this application who will live in your apartment on a part-time basis? YES _____ NO _____ If yes, please explain: _____

AUTOMOBILES: TMC Management and Realty, Inc. only permits one car per adult household member, not to exceed two cars per household.

YEAR	MAKE	MODEL	TAG NUMBER

"I hereby authorize TMC Management and Realty, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with an update, renewal, extension or residence for which this application was made. I hereby expressly release TMC, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

I understand that ALL adjustments to income for which my household may qualify MUST be verified and I give consent for these verifications to be obtained. I further consent to release wage matching data to RHS and the borrower.

If accepted for occupancy, I/we certify that this will be my/our permanent residence and I/we do not and will not maintain a federally assisted or subsidized rental unit at another location.

I understand that providing false information is fraudulent and grounds for application denial and/or termination of residency."

This is a preliminary application and give no lease or rent rights. Additional information and a deposit will be required at a later date in order to complete the processing of your application.

Providing false information is fraudulent and grounds for application denial and termination of residency.

SIGNATURE (HEAD OF HOUSEHOLD)

DATE

SIGNATURE (ADULT HOUSEHOLD MEMBER)

DATE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application, nor to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual application on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race (Mark one or More):

American Indian/Alaska Native _____ Native Hawaiian or Other Pacific Islander _____
Asian _____ White _____
Black or African American _____

Gender (Head of Household): Male _____ Female _____

TMC MANAGEMENT AND REALTY, INC.

**LANDLORD'S VERIFICATION
PRESENT/PREVIOUS**

The following individual(s) has/have applied for residency at _____.
Your company has been given as a landlord reference. Please complete the following request
for information and return in the enclosed self-addressed stamped envelope or fax to the
following number _____.

APPLICANT(S): _____

ADDRESS AT TIME OF RENTING FROM YOU/YOUR COMMUNITY:

LANDLORD – Please complete the following information:

MOVE-IN DATE: _____ MOVE-OUT DATE: _____

NUMBER OF LATE CHARGES: _____

NUMBER OF DISPOS FILED: _____ AMOUNT? _____

NUMBER OF NSF CHECKS: _____

NOISE COMPLAINTS: _____

PAYMENT AMOUNT: _____

IS APPLICANT DELINQUENT? _____ AMOUNT? _____

WAS/IS UNIT DAMAGED BY RESIDENT? _____ AMOUNT? _____

WAS PROPER NOTICE GIVEN OF INTENT TO VACATE? _____

WOULD YOU LEASE AGAIN? _____

VERIFIED BY: _____ DATE: _____

I have applied for residency and have agreed to transmittal of the requested information.
My signature authorizes verification of my rental history.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE





TMC Management and Realty, Inc.
TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to _____ for the purposes of verifying information on my/our apartment rental application.

INFORMATON COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| | Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is not correct.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

