

APPLICATION INFORMATION

NAME	PROPERTY APPLYING FOR
DESIRED MOVE IN DATE	DESIRED LEASE TERM

AGENT INFORMATION

NAME	COMPANY
PHONE NUMBER	EMAIL

Rental Application Policy

Thank you for considering one of our rental homes. We strive to offer the best possible rental homes and we look for great tenants that take pride in the way they live. We welcome all applicants and we support equal housing opportunities for everybody.

Requirements for Qualification:

- *Minimum credit score of 580
- *Income must be at least three times the monthly rental amount
- *Felonies, evictions, and/or judgments will not be accepted *Bankruptcies must be discharged - No exceptions
- *Must physically view the property or have authorized agent view and approve on your behalf *(If you have extenuating circumstances, we will be glad to consider them)*

Incomplete applications will not be accepted. See checklist below to ensure that your application is complete. Please check each box.

1. Application fee of \$60.00 PER PERSON 18 and Older (Cashier's check or Money Order ONLY) payable to: TCT West Property Management Services, LLC
2. Copy of each applicant most current paycheck stubs for one month as proof of income
3. Copy of each applicant's driver's license
4. Copy of each applicant's social security card (current passport or birth certificate are acceptable if social security card is not available)
5. If you are self-employed, we will need a copy of the last two years tax returns
NO EXCEPTIONS
6. A valid telephone number, fax number, and/or email address for current and previous landlord(s) - MANDATORY
7. Pets are subject to owner approval at time of application. Some properties have a "no pet" policy at the owner's request, so please inquire before applying for a property. Additional deposit of \$300 per pet and an additional \$20 per month per pet will be required if pets are approved.
8. Recent photo and proof of vaccination of Pets is Required (if Applicable)

When your application is approved *(initial each item below)* :

- Sign lease within 48 hours of approval
- Security deposit equal to one month's rent due at lease signing (certified funds only)
- Schedule any applicable utilities (electric, water, trash, and gas) for the start of the lease.
- Please be advised that you will need to apply for gas service (if home uses gas) at least five days in advance to ensure connection upon move in.
- You are strongly encouraged to obtain renters insurance. The owner's policy does not cover your personal belongings.

Application for Occupancy

**This application must be filled out completely or it will not be accepted* (Each person 18 years or older must complete an application)*

Applicant Personal Information

FIRST NAME	MI	LAST NAME	
_____ SINGLE _____ MARRIED _____ DIVORCED		_____ (DATE OF DIVORCE DECREE):	
EMAIL ADDRESS		TELEPHONE	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
DRIVERS LICENSE/GOVERNMENT ISSUED ID NUMBER		STATE	EXPIRATION DATE
DESIRED DATE OF OCCUPANCY		DESIRED LENGTH OF LEASE	

Residence History (Minimum of three year required)

\$ _____	_____ Own	_____ Rent	
CURRENT RENT/MORTGAGE PAYMENT	MOVE IN DATE	MOVE OUT DATE	
CURRENT ADDRESS	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE	LANDLORD FAX OR EMAIL	MANDATORY*****
\$ _____	_____ Own	_____ Rent	
PREVIOUS RENT/MORTGAGE PAYMENT	MOVE IN DATE	MOVE OUT DATE	
PREVIOUS ADDRESS	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE	LANDLORD FAX OR EMAIL	MANDATORY*****
\$ _____	_____ Own	_____ Rent	
PAST RENT/MORTGAGE PAYMENT	MOVE IN DATE	MOVE OUT DATE	
PAST ADDRESS	CITY	STATE	ZIP
LANDLORD NAME	LANDLORD PHONE	LANDLORD FAX OR EMAIL	MANDATORY*****

Employment (Minimum one year verified employment required)

CURRENT EMPLOYER	SUPERVISOR NAME		TELEPHONE
ADDRESS	CITY	STATE	ZIP
START DATE	END DATE	POSITION	\$ _____
			GROSS MONTHLY INCOME _____ SELF EMPLOYED

If you have been with your current employer less than one year, please complete the following:

PREVIOUS EMPLOYER	SUPERVISOR NAME		TELEPHONE
ADDRESS	CITY	STATE	ZIP
START DATE	END DATE	POSITION	\$ _____
			GROSS MONTHLY INCOME _____ SELF EMPLOYED

Other Income (Must attach proof of other income)

\$ _____
OTHER INCOME (I.E. CHILD SUPPORT, RETIREMENT, ALIMONY, DISABILITY, ECT...)

TCT West Property Management Services, LLC

Rental Application Continued

Banking Information

BANK	BRANCH	TELEPHONE
ACCOUNT NUMBER (CHECKING)	ACCOUNTING NUMBER (SAVINGS)	

Dependents/Additional Occupants

Number of people who will occupy residence: _____
List occupants and their birthdates - CREDIT AND CRIMINAL BACKGROUND CHECKS WILL BE RUN ON EACH PERSON OVER 18

NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE

Person(s) to notify in case of EMERGENCY: Please list someone who is not living with you that you would like us to contact in the event of an Emergency.

NAME	PHONE	EMAIL	
ADDRESS	CITY	STATE	ZIP

Pets/Service Animals (pets include, but not limited to all mammals including dogs, cats, horses, rodents, reptiles, birds, fish and insects.)

Will you have pets? ___ Yes ___ No (assistive and service animals are not considered "pets")
 Description of pets (recent photo required and proof of vaccination):

BREED	AGE	GENDER	WEIGHT	NEUTERED	DATE OF LAST VACCINATION
BREED	AGE	GENDER	WEIGHT	NEUTERED	DATE OF LAST VACCINATION
BREED	AGE	GENDER	WEIGHT	NEUTERED	DATE OF LAST VACCINATION

Will you have an assistive or service animal? ___ Yes ___ No (accommodation request required with application)

Vehicle Information (**REQUIRED BY ALL HOA'S****)**

Total number of vehicles (including company vehicles): _____

MAKE	MODEL	YEAR	COLOR	LIC PLATE #
MAKE	MODEL	YEAR	COLOR	LIC PLATE #
MAKE	MODEL	YEAR	COLOR	LIC PLATE #

Description of any other vehicles (boat, trailer, truck, recreational vehicle, etc) you would like to keep on the property:

(Prior written permission separate from this application must be obtained from management)

Credit and Background History (answer all questions for yourself and for anyone who will occupy this residence)

Have you ever been evicted? ___ Yes ___ No
 Has a notice of eviction ever been filed against you? ___ Yes ___ No If Yes, when: _____
 Have you ever declared bankruptcy? ___ Yes ___ No If Yes, when: _____ Discharge Date: _____
 Have you had two or more late rental payments in the past year? ___ Yes ___ No
 Have you ever willfully or intentionally refused to pay rent when due? ___ Yes ___ No
 Do you currently owe any monies to an apartment community or landlord? ___ Yes ___ No
 Do you use illegal drugs? ___ Yes ___ No
 Have you ever engaged in the distribution or sale of illegal drugs? ___ Yes ___ No
 Have you ever been convicted, arrested, or charged with any other crime? ___ Yes ___ No
 Do you have any outstanding warrants or anticipate any warrants for arrest? ___ Yes ___ No
 Please give detailed explanation(s), date(s), and names for any questions answered "Yes" above:

TCT West Property Management Services, LLC

Rental Application Continued

Personal References (Mandatory)

NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP

Rental Application Continued

Additional Information

Have you or anyone in your household had, or do you presently have, bed bugs or other pest issues? ___Yes ___No

If yes, please explain: _____

Please read carefully

Applicant represents that all of the above statements are true and complete, and hereby authorized verifications of above information references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Applicant acknowledges that management may not be able to complete comprehensive action of the Agreement before move in. Management reserves the right to verify application information after move in and may convert the proposed Rental Agreement to a month to month term if misleading information is contained in this application. This application is preliminary only and does not obligate the owner or representative to execute a lease or deliver possession of the proposed premises. By signing below, I acknowledge and accept the qualifying criteria and policies of the Owner/Broker/Property Manager by which my application will be approved.

This application must be completed and signed by every applicant.

_____ I have personally viewed and accept the unit (*initial*)

APPLICANT SIGNATURE

DATE