

CONTINUED FROM OTHER SIDE

This is to inform you that as a part of our procedure for processing your application, an investigative Consumer Report may be prepared whereby information is obtained through credit report(s), personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I/We hereby consent for you to process our application through SafeRent to obtain and verify my credit information, including a criminal background check for the purpose of determining whether or not to lease to me an apartment. I/We understand that should I lease an apartment, you shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in the rental application. If I/We fail to cancel this application, fail to sign the lease or pay agreed rental, security deposit, or other required charges and fees shown in this rental application within seventy-two (72) hours from the date of this application, the deposit accompanying this application, and any monies subsequently paid, shall be forfeited to the owner as fixed and liquidated damages.

Owner and/or agent for the owner reserve the right to reject this application and to refuse possession of the above mentioned accommodations. I/We have read the foregoing and certify the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf.

NO PETS ALLOWED WITHOUT PRIOR WRITTEN APPROVAL

Date _____ Signature of Applicant x
 Date _____ Signature of Spouse x

A Copy of a Photo ID Must Accompany This Application

	Verified		Verified
1. Present Address: Good <input type="checkbox"/> Bad <input type="checkbox"/>	<input type="checkbox"/>	2. Previous Address: Good <input type="checkbox"/> Bad <input type="checkbox"/>	<input type="checkbox"/>
Verified By: _____		Verified By: _____	
3. Present Employer	<input type="checkbox"/>	4. Spouse's Present Employer	<input type="checkbox"/>
Monthly Income \$ _____	<input type="checkbox"/>	Monthly Income \$ _____	<input type="checkbox"/>
Verified By: _____		Verified By: _____	
5. Previous Employer	<input type="checkbox"/>	6. Spouse's Previous Employer	<input type="checkbox"/>
Monthly Income \$ _____	<input type="checkbox"/>	Monthly Income \$ _____	<input type="checkbox"/>
Verified By: _____		Verified By: _____	
7. Additional Income: \$ _____	<input type="checkbox"/>	8. Additional Income: \$ _____	<input type="checkbox"/>
Verified By: _____		Verified By: _____	
Monthly Rent: \$ _____ X		= _____	
Combined Monthly Income		= _____	

	Verified	Not Verified	
I.D. CHECKED:			APPLICATION FOR APARTMENT:
1. Social Security Number	<input type="checkbox"/>		Approved <input type="checkbox"/>
2. Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	Disapproved <input type="checkbox"/>
3. License Plate	<input type="checkbox"/>	<input type="checkbox"/>	
Person who took application			Manager
Date Applicant Notified of Decision			Date

TGM ASSOCIATES RENTAL APPLICATION

Office Use Only

All information on this application must be filled in before it can be processed. (Revised 10/2002)

APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. LAST NAME FIRST NAME MIDDLE NAME			SOC. SEC. NO.		Date of Birth / /		APPLICATION RECEIVED BY		DATE & TIME am/pm			
SPOUSE/CO-SIGNER <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. LAST NAME FIRST NAME MIDDLE NAME			SOC. SEC. NO.		Date of Birth / /		REMARKS		BUILDING NUMBER- APARTMENT NUMBER - STREET ADDRESS			
MARITAL STATUS Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			DAYTIME PHONE NUMBER ()		EVENING PHONE NUMBER ()		LEASE BEGIN DATE TO END DATE / / TO / /		LENGTH OF LEASE		APT. TYPE	
AUTO - Make		Year	License Plate State	License Plate Number	Drivers License Number		Drivers License State		MONTHLY RENT \$	PET RENT \$	PET DEPOSIT \$	PET FEE \$
AUTO - MAKE		Year	License Plate State	License Plate Number	Drivers License Number		Drivers License State		OTHER RENT \$	APPLICATION FEE \$ <input type="checkbox"/> PD	SECURITY DEPOSIT \$ <input type="checkbox"/> PD	
CHILDREN NAMES & AGES TO OCCUPY THE APARTMENT				NAMES OF ADULTS TO OCCUPY THE APARTMENT				WAITLIST -- RANGE OF POSSIBLE MOVE-IN DATES / / TO / /		REFERRAL FEE \$		

PLEASE PROVIDE THREE YEARS OF RESIDENT HISTORY AND THREE YEARS OF EMPLOYMENT HISTORY

PRESENT ADDRESS		Apt. NUMBER	CITY	STATE	ZIP	From MONTH/YEAR To MONTH/YEAR / /		Monthly Rent or Mortgage Paid by Applicant \$	
Apartment Community Name/Mortgage Company/Person you lived with		Whom did you pay rent to?		Contact Phone Number ()					
PREVIOUS ADDRESS		Apt. NUMBER	CITY	STATE	ZIP	From MONTH/YEAR To MONTH/YEAR / /		Monthly Rent or Mortgage Paid by Applicant \$	
Apartment Community Name/Mortgage Company/Person you lived with		Whom did you pay rent to?		Contact Phone Number ()					
PREVIOUS ADDRESS		Apt. NUMBER	CITY	STATE	ZIP	From MONTH/YEAR To MONTH/YEAR / /		Monthly Rent or Mortgage Paid by Applicant \$	
Apartment Community Name/Mortgage Company/Person you lived with		Whom did you pay rent to?		Contact Phone Number ()					

APPLICANTS PRESENT EMPLOYER		From Month/Year To Month/Year / /		CONTACT NAME		CONTACT PHONE NUMBER ()	
STREET ADDRESS		CITY STATE		POSITION		GROSS YEARLY INCOME \$	
APPLICANTS PREVIOUS EMPLOYER		From Month/Year To Month/Year / /		CONTACT NAME		CONTACT PHONE NUMBER ()	
STREET ADDRESS		CITY STATE		POSITION		GROSS YEARLY INCOME \$	
SPOUSE PRESENT EMPLOYER		From Month/Year To Month/Year / /		CONTACT NAME		CONTACT PHONE NUMBER ()	
STREET ADDRESS		CITY STATE		POSITION		GROSS YEARLY INCOME \$	
SPOUSE PREVIOUS EMPLOYER		From Month/Year To Month/Year / /		CONTACT NAME		CONTACT PHONE NUMBER ()	
STREET ADDRESS		CITY STATE		POSITION		GROSS YEARLY INCOME \$	

SOURCE OF OTHER INCOME & AMOUNT

EMERGENCY CONTACT - Name		Relationship	Street Address		City/State/Zip	Phone
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REASON FOR LEAVING PRESENT RESIDENCE		HOW DID YOU FIND OUT ABOUT THIS APARTMENT?		WHY DID YOU CHOOSE TO MOVE INTO THIS APARTMENT COMMUNITY?	
WILL YOU OR THE OTHER OCCUPANTS HAVE A PET?		TYPE/WEIGHT OF PETS		APPLICATION CONTINUED ON REVERSE	