



**Trinity Property Consultants
Attachment #2 – Application to Rent**

(All Applicants Age 18 or Over Must Complete a Separate Application. All Sections Must be Complete.)

The Application to Rent referred to as Attachment 2 is hereby incorporated into the Lease Agreement dated _____ by and between _____ (“Landlord”) and _____ (“Resident”), of Apartment # _____ located at _____

Move-in Date:	Rent:	Community Name:	Lease # of Mos.: 6 9 12	Apartment #:
Applicant's: Last Name: First: Middle: Date of Birth:	Driver's License or Other I.D.#:	State:	Soc. Sec. or Federal I.D. #:	
Proposed Occupants: Last Name: First: Middle: Date of Birth:	Driver's License or Other I.D. #:	State/Exp.	Soc. Sec. or Federal I.D. #:	
Proposed Occupants: Last Name: First: Middle: Date of Birth:	Driver's License or Other I.D. #:	State/Exp.	Soc. Sec. or Federal I.D. #:	
Number of Occupants Including Yourself:	Do You Have Pets?	Type, Size and Color?	Waterbed?	Waterbed Insurance?

Current Residence

Present Address:	Apt. #	City	State	Zip Code	Move in Date	Move out Date	Own Rent	Phone:	Mo. Payment:
Mortgage or Apartment Community	Name of Landlord		City	State	Zip Code	Day Phone:	Evening Phone:		

Previous Residence

Previous Address:	Apt. #	City	State	Zip Code	Move in Date	Move out Date	Own Rent	Phone:	Mo. Payment
Mortgage or Apartment Community	Name of Landlord		City	State	Zip Code	Day Phone:	Evening Phone:		
Next Previous Address:	Apt. #	City	State	Zip Code	Move in Date	Move out Date	Own Rent	Phone:	Mo. Payment
Mortgage or Apartment Community	Name of Landlord		City	State	Zip Code	Day Phone:	Evening Phone:		

Employment History or Other Source of Verifiable Income History

Applicant employed by or source of income:	Department	Supervisor's Name	How long? Years: Mo.:	
Address:	City	State	Zip Code	Phone: Position Held / Occupation Mo. Salary:
Previous employer or source of income:	Department	Supervisor's Name	How long? Years: Mo.:	
Address:	City	State	Zip Code	Phone: Position Held / Occupation Mo. Salary:

Credit & Loan References

Auto 1 Make / model / color	License Plate	State	Car Payment made to:	Mo. Payment	\$
Auto 2 Make / model / color	License Plate	State	Car Payment made to:	Mo. Payment	\$
Bank / Credit Union / Savings & Loan:	Branch:	Address:		Account No.:	
Bank / Credit Union / Savings & Loan:	Branch:	Address:		Account No.:	

Important Information

Applicant's Personal Reference	Relationship	Address:	City	State	Zip Code	Phone:
Applicant's Personal Reference	Relationship	Address:	City	State	Zip Code	Phone:
Emergency Contact	Relationship	Address:	City	State	Zip Code	Phone:

- Are you a tobacco smoker? YES NO
- Have you ever been convicted of manufacturing, distributing or selling a controlled substance; or for the commission of violence towards person or property; or the use of a gun; or for acts of theft?
If yes, please explain: _____ YES NO
- Are you a member of the military? YES NO
- Do you currently have or do you plan to get a satellite television system? YES NO

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given including but not limited to, Landlord reference checks, criminal background checks, credit checks, etc. If approved, Applicant understands that misrepresentation of any information contained herein is grounds for termination of Lease. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owners/managers. Lease will become valid only upon written approval by management.

Applicant's Signature

Date

Trinity Property Consultants

Receipt for Application Fee

<u>Description of Costs Incurred</u>	<u>Fees/Costs</u>	<u>TOTAL PAID</u>
Screening Product Costs (per person)	\$15.00	
Labor and Service Costs (per person)	\$15.00	
Total Cost (per person)	\$35.00	<input style="width: 100px; height: 15px;" type="text"/>

Apt. No.: _____	Move-in Date: _____	Date Completed App. Rec'd: _____
Unit type: _____	Monthly Rent: _____	Time Completed App. Rec'd: _____
Concession Offered: _____	Lease Term: _____	Leasing Agent: _____

Applicant's Signature **Date**

Agent for Landlord's Signature **Date**

Landlord retains Original. Tenant retains Copy of Receipt.

Receipt for Holding Deposit and Agreement

<u>Description of Costs Incurred</u>	<u>Holding Deposit</u>	<u>TOTAL PAID</u>
	\$ <input style="width: 100px; height: 15px;" type="text"/>	\$ <input style="width: 100px; height: 15px;" type="text"/>

Apt. No.: _____	Move-in Date: _____	Date Completed App. Rec'd: _____
Unit type: _____	Monthly Rent: _____	Time Completed App. Rec'd: _____
Concession Offered: _____	Lease Term: _____	Leasing Agent: _____

Applicant's Signature **Date**

Agent for Landlord's Signature **Date**

HOLDING DEPOSIT AGREEMENT

Applicant has deposited the sum of \$_____ as a Holding Deposit on the Premises noted above. No cash will be accepted. The Deposit is evidenced by: ___ Cashier's Check ___ Personal Check payable to Landlord to be held uncashed until approval of the Application to Rent.

Applicant understands that, if approved, additional sums may be required to be paid as Security Deposit or for other purposes.

If the Application is approved, the Holding Deposit sum shall be applied to total sums due upon execution of a Lease Agreement. If the Application to Rent is not approved within 72 hours, the Holding Deposit shall be returned to Applicant.

Applicant understands that the purpose for this Holding Deposit is so that the Unit can be taken off the market while the Application is screened. If the Applicant does qualify, but changes his/her mind, the Applicant understands that the Holding Deposit is forfeited to cover Landlord's losses, expenses, etc.

I have read, understood and agree to the terms of the foregoing Holding Deposit Agreement:

Applicant's Signature **Date**

Agent for Landlord's Signature **Date**



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RESIDENCE HISTORY (SUMMARY)

Name of Landlord	Payment History	Rent Amount	Length of Occupancy	Any Complaints	Notice Given	Deposit Refunded	Condition	Person giving Info	Date/Time Verified

EMPLOYMENT CHECK or OTHER VERIFIABLE SOURCE OF INCOME

Employer or Other Source of Income	Start Date	End Date	Salary or Other Source of Income	Satisfaction	Reason for Leaving	Title	Person giving Info	Date/Time Verified

CREDIT BUREAU INFORMATION (SUMMARY)

Credit Score _____ Decision _____ Evictions? _____ Bankruptcy? _____

Approved: _____ Disapproved: _____ Manager's Signature: _____

Approved with Condition(s): _____

If this application was disapproved, or approved with conditions, what was the reason for refusal or conditions?

- Unfavorable credit report
- Unfavorable report from previous landlord
- Unfavorable employment references
- Incorrect information on application
- Unable to establish Credit history
- Number of occupants exceeds written Occupancy Policy
- Number or size of pets violates written Pet Rules

If this application was approved with conditions, which conditions did Applicant select?

- Guarantor
- Increased Security Deposit
- Payment of One Year rent in advance in form of certified Funds
- Other: _____

Applicant notified of approval/disapproval/approval with condition

Date: _____ Time: _____ By: _____

- If requested by Applicant, please mark here and provide information to Applicant on how to receive a free copy of their Credit Report.
- If requested by Applicant, please mark here and provide Applicant with a written explanation of why Application is not approved when the determining factor is other than credit related. Please provide explanation within 30 days of request.
- If Application is denied or approved with conditions, please mark here and provide Applicant with a written "Notice of Denial." Fill out the NOD form as instructed.

