

TGM ASSOCIATES RENTAL APPLICATION

Office Use Only

APPLICANT LAST NAME		FIRST NAME		MIDDLE NAME		SOC. SEC. NO.		Date of Birth / /	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		LAST NAME		FIRST NAME		MIDDLE NAME		SOC. SEC. NO.	
SPOUSE/COSIGNER <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		LAST NAME		FIRST NAME		MIDDLE NAME		Date of Birth / /	
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 ()		Date of Birth / /			
AUTO - MAKE Year		License Plate State License Plate Number		Drivers License Number Drivers License State		Date of Birth / /			
AUTO - MAKE Year		License Plate State License Plate Number		Drivers License Number Drivers License State		Date of Birth / /			
CHILDREN NAMES & AGES TO OCCUPY THE APARTMENT		NAMES OF ADULTS TO OCCUPY THE APARTMENT							

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

RESIDENT HISTORY	PREVIOUS ADDRESS	APARTMENT COMMUNITY NAME/MORTGAGE COMPANY/PERSON YOU LIVED WITH	APART. NUMBER	CITY	STATE	ZIP	CONTACT PHONE NUMBER	DATE OF MOVE IN	DATE OF MOVE OUT	REASON FOR LEAVING	CONTACT PHONE NUMBER	GROSS YEARLY INCOME
<input type="checkbox"/> Apartment Community Name/Mortgage Company/Person you lived with () () ()	APART. NUMBER CITY STATE ZIP	Whom did you pay rent to? () () ()	APART. NUMBER CITY STATE ZIP	CITY STATE ZIP	CONTACT PHONE NUMBER () () ()	From MONTH/YEAR To MONTH/YEAR / / / /	CONTACT PHONE NUMBER () () ()	From MONTH/YEAR To MONTH/YEAR / / / /	CONTACT PHONE NUMBER () () ()	CONTACT PHONE NUMBER () () ()	CONTACT PHONE NUMBER () () ()	GROSS YEARLY INCOME \$ \$ \$

APPLICANT'S PRESENT EMPLOYER STREET ADDRESS CITY STATE ZIP		CONTACT NAME POSITION CONTACT PHONE NUMBER () () ()		CONTACT PHONE NUMBER () () ()		GROSS YEARLY INCOME \$ \$ \$	
APPLICANT'S PREVIOUS EMPLOYER STREET ADDRESS CITY STATE ZIP		CONTACT NAME POSITION CONTACT PHONE NUMBER () () ()		CONTACT PHONE NUMBER () () ()		GROSS YEARLY INCOME \$ \$ \$	
SPOUSE PRESENT EMPLOYER STREET ADDRESS CITY STATE ZIP		CONTACT NAME POSITION CONTACT PHONE NUMBER () () ()		CONTACT PHONE NUMBER () () ()		GROSS YEARLY INCOME \$ \$ \$	
SPOUSE PREVIOUS EMPLOYER STREET ADDRESS CITY STATE ZIP		CONTACT NAME POSITION CONTACT PHONE NUMBER () () ()		CONTACT PHONE NUMBER () () ()		GROSS YEARLY INCOME \$ \$ \$	
SOURCE OF OTHER INCOME & AMOUNT STREET ADDRESS CITY STATE ZIP		CONTACT NAME POSITION CONTACT PHONE NUMBER () () ()		CONTACT PHONE NUMBER () () ()		GROSS YEARLY INCOME \$ \$ \$	
EMERGENCY CONTACT - Name Relationship Street Address City/State/Zip		Phone		Phone		Phone	
REASON FOR LEAVING PRESENT RESIDENCE WILL YOU OR THE OTHER OCCUPANTS HAVE A PET?		HOW DID YOU FIND OUT ABOUT THIS APARTMENT? TYPE/WEIGHT OF PETS		WHY DID YOU CHOOSE TO MOVE INTO THIS APARTMENT COMMUNITY?		APPLICATION CONTINUED ON REVERSE	

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, and/or 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 reserves 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: \$ _____ <input checked="" type="checkbox"/>		= _____	
Combined Monthly Income		= _____	

	Verified	Not Verified	
I.D. CHECKED:			APPLICATION FOR APARTMENT:
1. Social Security Number	<input type="checkbox"/>		Approved <input type="checkbox"/>
2. Drivers 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