



Application to Rent or Lease

Applicant Co-Signer
 Roommate Other: _____

Community:	Move-In Date:
Unit #:	Rental Amount:
Agent:	Lease Term:

Note: An incomplete application will cause delay in processing and may result in denial of residency.

Applicant: Last Name			First	Middle	Soc.Sec. #	Driver's License #	Birth date	
Other Persons to Occupy Apartment	1	Full Name	Relationship	Birth date	3	Full Name	Relationship	Birth date
	2	Full Name	Relationship	Birth date	4	Full Name	Relationship	Birth date

RESIDENCE HISTORY

Current Address, City, State, Zip Code		Rent <input type="checkbox"/> Own <input type="checkbox"/>	Move-In Date	Move-Out Date	Current Phone # ()	Apt. #
Current Landlord Name <input type="checkbox"/> Mortgage <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other			Monthly Payment \$	Lease Fulfilled?	Landlord Phone # ()	Applicant (E-Mail Address)
Previous Address, City, State, Zip Code		Rent <input type="checkbox"/> Own <input type="checkbox"/>	Move-In Date	Move-Out Date	Previous Phone # ()	Monthly Payment \$
Name of Previous Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other			Monthly Payment \$	Lease Fulfilled?	Landlord Phone # ()	Owe Money to Landlord?

EMPLOYMENT HISTORY

Present Employer		Job Title	Supervisor's Name	Dates From: To:
Address		City	State	Zip Code
Phone ()		Monthly Salary \$		
Previous Employer		Job Title	Supervisor's Name	Dates From: To:
Address		City	State	Zip Code
Phone ()		Monthly Salary \$		
Present Employer		Job Title	Supervisor's Name	Dates From: To:
Address		City	State	Zip Code
Phone ()		Monthly Salary \$		
Previous Employer		Job Title	Supervisor's Name	Dates From: To:
Address		City	State	Zip Code
Phone ()		Monthly Salary \$		

Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification.

Additional Income Source:	Amount: Per \$
Additional Income Source:	Amount: Per \$

AUTO INFORMATION

Auto # 1 (Year, Make, Model)	License Plate #	State	Monthly Payment \$
Auto # 2 (Year, Make, Model)	License Plate #	State	Monthly Payment \$



VERIFICATION OF EMPLOYMENT / INCOME

RESIDENT: _____ APARTMENT#: _____

EMPLOYER NAME: _____

DATES OF EMPLOYMENT: _____ POSITION: _____

HOURLY/SALARY: _____ HOURS WORKED WKLY: _____

OVERTIME HOURS: _____

VERIFIED BY: _____ POSITION: _____

DATE VERIFIED: _____

The facts set forth in this application are true and complete. TMC Management Corporation is hereby authorized to make any investigation of my personal history and financial and credit record, including the services of credit agencies. The applicant understands that, if accepted, the subsequent discovery of a false statement during the application process is grounds for termination of lease. This form may be photocopied or reproduced as necessary by TMC Management Corporation to be used as my consent to release credit, rental, or employment information.

Applicant Signature and Date

Spouse Signature and Date

PLEASE READ CAREFULLY: TMC Management Corporation and Applicant acknowledge the applicant has paid herewith a non-refundable processing fee of \$ _____. The applicant paid a holding deposit of \$ _____ for the rental of apartment # _____. This amount will be refunded within _____ working days from the date the applicant was notified, if the applicant is not accepted as a resident or if this application is withdrawn within 72 hours of the date it is signed. If the application is accepted, and subsequently the resident does not move in, the holding deposit shall be retained. In the event that applicant is approved, the holding deposit will be applied to the security deposit or move-in costs upon commencement of the lease term.

Contact Number for Applicant: _____ (for community use only)





Promise to Transfer Electricity

I, _____ agree to have the electricity for apartment #_____ put into my name on or before my move-in date of _____.

I understand that if power is not put into my name before the above-mentioned date, I will be responsible for any charges incurred for the time I reside in the above listed apartment. I also understand that TMC Management Corporation may disconnect the power without prior notice.

Resident Signature

Resident Signature

Management



PERMISSION TO RELEASE INFORMATION

Under Nevada Revised Statutes, NRS 179A.100, TMC Management Corporation may request at any time during the term of your residency, records of criminal history (or the absence thereof). What may be released by an agency of criminal justice without any restrictions are: any record reflecting a conviction and any record which pertains to an incident for which a person is currently within the system of criminal justice. **This information is to be used by TMC Management Corporation solely and not to be disseminated to any other person(s), apartment community or management agency.**

As a routine policy, we request any prospective resident to grant us a release of this information. We are not required under the law to get a release, but, want you to know that we routinely get the criminal information or lack thereof from a police agency in order to protect our clients and the public. **Your granting the release of this information is a condition of your being considered for residency with TMC Management Corporation.**

Thank you for your cooperation.

RELEASE

(To be signed by each prospective resident age 18 years or older)

Printed Name: _____

Signature: _____ Date Signed: _____

Date of Birth: _____ Social Security: _____

Present Address: _____

Verified By: _____ Date: _____
(Management Representative)

.....

Information Released By: _____ ID# _____
(Authorized Employee)

Date Information Released: _____



VERIFICATION OF RESIDENCY

RESIDENT: _____ APARTMENT#: _____

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

RENT AMOUNT: _____ LATE PAYS: _____

NSF: YES/NO IF YES, HOW MANY: _____

PETS: YES/NO IF YES, TYPE & #: _____

WOULD YOU RE-RENT: YES/NO

EXPLAIN: _____

VERIFIED BY: _____ POSITION: _____

DATE VERIFIED: _____

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