

P.O. Box 80834 ~ RSM ~ CA ~ 92688 ~ Tel: 949-542-2023

Website: www.trciproperties.com ~ Email: contact@trciproperties.com

## RENTAL APPLICATION (Residential / Apartment Rental)

(SMOKE-FREE POLICY ARE STRCILY ENFORCED IN ALL OUR RENTAL PROPERTIES)

PRINCIPAL APPLICANT INFORMATION (AL	LL SECTIONS MUST	BE COI	MPLETED)				
Name:							
Mobile#	Work#			Email:			
Date of Birth:	SSN:			CA. D/L#			
Current Address:							
City & State:				Zip Code:			
Own Rent (please circle) / Monthly	Mortgage or Rent	\$					
Name of Landlord/Manager:		Cor	Contact#				
Residing From: To:		Rea	Reason for Leaving:				
(If at above address six (06) months or les	ss, please provide tl	he follo	owing info)				
Previous Address:							
City & State:				Zip Code:			
Own Rent (please circle) / Monthly	Mortgage or Rent	\$					
Name of Landlord/Manager:		Cor	ntact#				
Residing From: To:	Reason for		ason for Leaving	ving:			
HAVE YOU EVER (please circle / Y for Yes	or N for No and if c	ircle Y,	, please give whe	en and why)			
Filed For Bankruptcy? Y or N	When & Wh	ıy?					
Been Served An Eviction Notice? Y or N When & Why?							
Asked To Vacate Rental Property? Y or N When & Why?							
Filed Lawsuit Against Landlord? Y or N When & Why?							
Been Placed On Collection For Past Due P	ayment? Y or N	Whe	en & Why?				
Dean Continued of Freduced to Contest to Att clony.			When & Why?				
EMPLOYMENT INFORMATION							
Name Of Company:							
Company Address:							
Name of Employer/Supervisor:				Contact#			
Best Time To Call: between	AM to	PM	How Long at J	lob:	Year	Months	
Title/Position:			Annual Salary	<b>:</b>			
PREVIOUS EMPLOYMENT INFORMATION	(If at above job six	month	or less, please p	orovide info as	follows)		
Name of Supervisor:	Е	Best Ti	me To Call: be	tween	AM to	PM	
Contact#		Ema	ail:				
Company Name:							
Address:							
						·	

PAGE TWO								
CO-APPLICANT INFORMATION (Each C	Occup	oant Over 18	3 Years	of Age Must C	Complete Form	)		
Name:					<u> </u>			
Mobile#	Work#				Email:			
Date of Birth:	SSN	•			CA. D/L#			
Current Address:								
City & State:					Zip Code:			
Own Rent (please circle) / Monthly	Mort	gage or Ren	t \$		•			
Name of Landlord/Manager:			Cor	ntact#				
Residing From: To:			Rea	ason for Leavir	ng:			
(If at above address six (06) months or les	ss. ple	ase provide i						
Previous Address:	, μ			g,e,				
City & State:				Zip Code:				
Own Rent (please circle) / Monthly	Mort	gage or Ren	t Ś					
Name of Landlord/Manager:		BB. 01 11011	<u> </u>	ntact#				
Residing From: To:			Reason for Leaving:					
HAVE YOU EVER (please circle / Y for Yes	or N f	for No and if						
Filed For Bankruptcy? Y or N		When & W		, 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Been Served An Eviction Notice? Y or N When & Why?								
Asked To Vacate Rental Property? Y or N When & Why?								
Filed Lawsuit Against Landlord? Y or	N	When & W	hy?					
Been Placed On Collection For Past Due P	ayme	ent? Y or N	Whe	en & Why?				
Been Convicted or Pleaded No Contest To		lony? Y or N	Whe	en & Why?				
CO-APPLICANT EMPLOYMENT INFORMAT	ΓΙΟΝ							
Name Of Company:								
Company Address:					<u> </u>		_	
Name of Employer/Supervisor:				T	Contact#			
Best Time To Call: between	AM	to	PM	How Long at	Job:	Year	Months	
Title/Position:				Annual Salar	•			
PREVIOUS EMPLOYMENT INFORMATION	(If at	above job six	month	or less, please	provide info as	follows)		
Name of Supervisor:			Best Ti	me To Call: be	etween	AM to	PM	
Contact#			Ema	ail:				
Company Name:								
Address:								
RELATIONSHIP TO PRINCIPAL APPLICANT								
Name of Principal Applicant:					Relationship:			
Mobil#			Ema	ail:				
Remarks:								

PAGE THREE ADDITIONAL MINOR OCCUPAN	TS (List only children(s) 17 o	f age or vounger)					
Name:	TO (Else omy dimarents) 17 o	Age:	Re	elationship:			
Name:				elationship:			
Name:				elationship:			
Name:				elationship:			
	If you have service dog in	Age:		ffice regarding your concerns			
IN CASE OF EMERGENCY, PLEAS	·			mee regarding your concerns			
Name:			Relatio	onship:			
Mobil#	oil# Wor						
Address:		·					
Name:			Relatio	onship:			
Mobil#	Work#			<b>!</b>			
Address:							
VEHICLE(s) INFORMATION							
Car #1) Maker:	P	Plate#		Color:			
Model:	S	State:		Year:			
Car #2) Maker:	P	Plate#		Color:			
Model:	S	State:		Year:			
including, but, not limited to, the All Applicants Must Supply: 1. Ceach applicant. NO PERSONA payable to "TRCI". The cost of even if the application to rent is	e obtaining of a credit report ar Copy of Driver's License; and LL CHECKS, application must f the application fee is not a declined. Applicant(s) understa made above. If application is	nd agrees to furnish add d 2. Copy of Social Se be paid in either MC eposit or rent, and will and that the landlord m	ditional cre curity Ca DNEY ORE not be ap ay termin	\$55.00			
			_ TOTAL A	PPLICATION FEE \$			
The undersigned makes applicat							
Apt. No	located at			shown			
				nonth and upon approval of this			
application agrees to sign a renta	al or lease agreement and pay a	all sums due, including o	deposits, k	pefore occupancy.			
APPLICANT	 DATE	CO-APPLICAN	 Т	DATE			
	APPLICATION ALONG WITH	I CORRECT SCREENIN	G FEES A	ND SUPPORTING DOCUMENTS			
TO OUR P.O. BOX ADDRESS LI							
TO CONTITION DOX ADDITION E	ISTED ON THE TOP PAGE OF	PAGE ONE.					