



PHONE: (801) 375-6719 **FAX:** (801) 375-6732

TPM, Inc.

2230 N University Parkway Suite 7A Provo UT 84604

"total property management" SINCE 1976

4000 M

WEB SITE ADDRESS: www.tpmrents.com

RENTAL APPLICATION

Unless advertised differently the property owners have set strict NO SMOKING and NO PETS standards. Information on special accommodations available upon request.

INCOMPLETE FORMS WILL NOT BE CONSIDERED

APLICACIONES INCOMPLETAS NO SERAN ACEPTADAS

Nosotros no hablamos español. Necesitamos la comunicación con todas las personas en la aplication. TPM Inc. no sera responsible si no entiende los detalles de su contracto, por favor, haga que alguien se lo traduzca.

Will you be receiving Utah County Housing? Yes No Provo City Housing? Yes Does anyone smoke? If yes how many? Inside or outside? (Compared to the control of	No		
How many adults and children will occupy the home? Adults Children Will you be receiving Utah County Housing? Yes No Provo City Housing? Yes Does anyone smoke? If yes how many? Inside or outside? (Compared will there be a pet or service animal? If Yes, Weight Breed Age Age *NOTE: A service animal request not disclosed here will only be considered after 4 months of tenancy Applicant Name Phone Cell Social Security # E-mail Address Birth Date Birth Date Present Address City State Zip Landlord's Name Phone Phone Phone State Zip Compared will not seem to see the provide of the country	No		
Will there be a pet or service animal? If Yes, Weight Breed Age *NOTE: A service animal request not disclosed here will only be considered after 4 months of tenancy Applicant Name Phone Cell_ Social Security # E-mail Address Driver's License # State Birth Date Present Address City_ State_ Zip_ Landlord's Name Phone	Circle one)		
Will you be receiving Utah County Housing? Yes No Provo City Housing? Yes Does anyone smoke? If yes how many? Inside or outside? (Compared to the control of	Circle one)		
Does anyone smoke? If yes how many? Inside or outside? (Complete Recognition of the property of	Circle one)		
Will there be a pet or service animal? If Yes, Weight Breed Age *NOTE: A service animal request not disclosed here will only be considered after 4 months of tenancy Applicant Name Phone Cell_ Social Security # E-mail Address Driver's License # State Birth Date Present Address City_ State_ Zip_ Landlord's Name_ Phone			
*NOTE: A service animal request not disclosed here will only be considered after 4 months of tenancy Applicant Name			
Driver's License #			
Driver's License #			
Driver's License #			
Landlord's NamePhone			
Landlord's NamePhone			
How long at present address? Year'sMonths Do you have a contract? YES/NO			
Reason for Moving			
Previous AddressCityStateZip_			
Landlord's name Phone			
How long at previous address? Year'sMonths Reason for moving			
Current Employer Position Salary			
Current Employer Position Salary How long employed there? Employer's phone Contact Person			
Previous employer Position Salary			
How long employed there? Employer's phone Contact Person	Contact Person		
Other monthly income, Specify: UnemploymentChild Support Alimony Other			
Explain			
Spouse Information ONLY—Fiancé or single roommates must submit a separate application			
Legal Name Phone Cell			
Social Security # E-mail Address			
Driver's License # State Birth Date			
Spouse employer Position Salary			
How long employed there? Employer's phone Contact Name			
Spouse previous employer Position Salary How long employed there? Employer's phone Contact Name			
How long employed there? Employer's phone Contact Name			
Other monthly income, Specify: UnemploymentChild Support Alimony Other_			

Have you OR you					
Filed for bankruptcy? NoYes		If so, wh	at year?	If so, you will need a qualified Co-signer	
Been sued for non-payment of rent? No _ Been served an eviction notice? No_		II y	es, explain	con	
Been asked to leave a property? No					
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				Y THE PROPERTY	
				Relationship	
				Relationship	
				Relationship	
Name		Age _	Sex	Relationship	
Name		Age_	Sex	Relationship	
Name		Age	Sex	Relationship	
Two Personal Refer					£ 4. TT
	NAME		ELATIONSHIP	PHONE # OR E-MAIL	
2)					
				., that will be parked on the p	
Make/Model	Year	Color_	State reg	steredLicense#	
Make/Model	Year	Color_	State reg	steredLicense#	
Make/Model	Year	Color_	State reg	isteredLicense#	
Bank Information					
Name City_		V	Phone		
Checking or Savings			1 none		
Checking of Savings	riceount: (enere o				
Emergency Contact	ts: (cannot be some	one living w	rith vou)		
Name	Pho	one H		elationship	
Address		City	State	Zip	
	701				
Name	Pho	ne	K	elationship Zip	
Address		City	State	Z.ip	
DISCLOS	SURE: **ANY inte	ntionally or	knowingly false inf	ormation will be sufficient car	ise for
			tion of application*		
I/We declare the fore	egoing information t	o be true and	correct, and I/we he	reby authorize TPM Inc. to che	ck employment,
	0 0			ent information, including a crit	
				in rejection of your application	
				icant acknowledges that false in	
				ased on this application and ma	
				ce, color, religion, sex, familial	
disability, or national			, c	, , ,	,
·	-				
1 1 1 0					
Applicant's Signatur	pplicant's Signature		te Spouse's Signature (If applicable)		Date
FOD OFFICE II	CE ONL V				
FOR OFFICE U	SE UNL I				
Present Landlord					
Previous Landlord					
Applicant's Employr					
Co-Applicant's Emp	loyment				
1st Reference					
2 _{nd} Reference					
Other					