

RENTAL APPLICATION (Conventional Portfolio)
(Each person over 18 and not a dependent must submit a separate application)
(Spouses may complete a joint application)
GENERAL INFORMATION ON APPLICANT

<i>To be comple</i> COMMUNIT	ted by Owner or C	Owner's Repr	esentative:					
APT. NO. ASSIGNED: STREET ADDRESS OF APT. N RENTAL RATE OFFERED:			M-IN DATE:					
CONCESSIC (if applicable DATE COMI	N OFFERED:	ATION RECE	EIVED:					
First Name	Middle Initial	Last Name		Soc	cial Security	/ Number		
Present Street Address		City	State	Zip	-			one No.
Date of Birth			ense No. and Sta		Govt. Iss		o ID No.	
Have you ever been known If Yes, please list: List States resided in for	•			res □	No			
How did you hear about (If Locator Service, ple	0				_			
GENERAL INFORMA		_	vaine)					
First Name	Middle Initial	Last Name		Soc	cial Security	/ Number		
Present Street Address		City	State	Zip)		Telepho	one No.
Date of Birth Have you ever been known	vn under any other		ense No. and Sta	te OR	Govt. Iss	sued Photo	o ID No.	
If Yes, please list: List States resided in for	the past 10 years f	from this appl	ication date:					
GENERAL INFORMA	TION ON ADUI	T DEPEND	ENT (if applica	ıble)				
First Name	Middle Initial	Last Name		Soc	cial Security	Number		
Present Street Address		City	State	Zip)		Telepho	one No.
Date of Birth List States resided in for	the past 10 years f		ense No. and Statication date:	te OR	Govt. Iss	sued Photo	o ID No.	
EMPLOYMENT HIST	ORY ON APPLI	CANT						
Name of Present Employ	rer							
Employer's Street Addre	SS	Cit	y S	tate	Zip		Telepho	one No.
Position Held with Prese	ent Employer		Gross Mo	nthly Incon	ne	Length	n of Empl	oyment
Supervisor's Name			Telephone	Telephone Number				
If current employment is	less than 6 months	s, please comp	olete previous er	nployment.				
Name of Previous Emplo	yer							
Previous Employer's Stro	eet Address		City	Sta	te	Zip		Telephone No.
Position Held with Previ	ous Employer		Gross Mo	nthly Incon	ne	Length	n of Empl	oyment
Previous Supervisor's Name Telephone Number								
EMPLOYMENT HIST	ORY ON SPOU	SE						
Name of Present Employ	rer							

Employer's Street Address	City	State	Zip	Telephone No.
Position Held with Present Employer	Gi	ross Monthly Incom	me Ler	gth of Employment
Supervisor's Name	Te	elephone Number		
If current employment is less than 6 more	nths, please complete pre	vious employment		
Name of Previous Employer				
Employer's Street Address	City	State	Zip	Telephone No.
Position Held with Previous Employer	Gi	ross Monthly Incom	me Ler	gth of Employment
Previous Supervisor's Name	Te	elephone Number		
CREDIT HISTORY				
Bank Name Do you have any other non-work income If yes, please explain:Have you or any other prospective re Do you have any past credit problems yo	sidents ever owned a hor		State port, investments)?	Zip □ Yes □ No □ Yes □ No □ Yes □ No
RENTAL AND CRIMINAL HISTOR List a minimum of 24 months of rental/n				
Name of Present Landlord (If Applicant and Applicant's Spouse ar	Monthly R e completing this Applic		Date Moved andlords for both p	
Street Address	City		State	Zip
Telephone Number of Present Landlord				
Name of Previous Landlord (immediately prior to the Present Landlo (If Applicant and Applicant's Spouse ar			Date Moved	
Street Address	City		State	Zip
Telephone Number of Previous Landlord	I			
Have you, your spouse any other prospecthe answer is "No" to any item not check		nts listed on this A	pplication ever (ch	eck if applicable; you represent
 □ been evicted or asked to move out? □ broken a rental agreement or lease cor □ been or are currently delinquent to a p □ declared bankruptcy; if so, when?: 		related	offense or a misder	ion for either a felony, a sex meanor? If yes, please explain:
□ been convicted for either a felony, a s	declared bankruptcy; if so, when?:			acquittal, deferred adjudication
OTHER OCCUPANTS (list all perso	ns not signing this App	olication who will	be listed on the l	ease)
Name	Social Security Nun	nber	Relationship	to Applicant
Present Street Address	City	State	Zip	Telephone No.
Date of Birth	Drivers License No.	and State OI	R Govt. Issued	l Photo ID No.
Name	Social Security Nun	nber	Relationship	to Applicant
Present Street Address	City	State	Zip	Telephone No.
Date of Birth	Drivers License No.	and State OI	R Govt. Issued	Photo ID No.
Name	Social Security Nun	nber	Relationship	to Applicant
Present Street Address	City	State	Zip	Telephone No.
Date of Birth	Drivers License No.	and State OF	R Govt. Issued	l Photo ID No.

Do you or any oth	her prospective resident or occ	upant have an animal?	Yes □ No If so,	please list:	
Туре	Breed	Weight	Color		Age
Туре	Breed	Weight	Color		Age
YOUR VEHICL	LE(S) If Applicant will be park	ing a vehicle on the proper	ty, please provide	the following	g information:
Vehicle Type (car	r, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
Vehicle Type (car	r, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
Vehicle Type (car	r, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
EMERGENCY	In case of emergency, notify (p	referably a relative over the	age of 18 years):		
Name	Relationship	Address	Home Phon	e No.	Work Phone No.
AUTHORIZAT and the performane misleading inform Deposit and Admi consumer report in applicable, of the request a complete summary of the pe and hereby instruct Credit Reporting A this Application, to	ION: Applicant represents that the control of a credit check on Applicant represents that the control of a credit check on Application of this Application, Owner, and the control of the	t all of the above information as appropriate by all available as appropriate by all available ar shall have the right to autically forfeited by the Application, person at any person on which an interest and scope of the investit Reporting Act. Applicant in the application appropriate after Application appropriate application, Applicant has paid:	is true and complete means. In the etomatically reject nt. Applicant furtial characteristics, vestigative consumingation requested a thereby authorizes a Owner's Agent to join attempting to coval) or for any of the event in the event in a transfer of the event in attempting to coval)	ete and autho event that Applicat her acknowle and mode of the report will and also has the Owner or furnish a convollect any an	rizes the verification of same plicant provides any false or ion and the Application dges that an investigative living, whichever are be made has the right to the right to request a written the Owner's Agent to obtain sumer report under The Fair tount due and owing under
Non-Refundable		\$\$ \$\$ \$	Ch	eck Number eck Number eck Number	

Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is conditional upon: (i) Owner's approval of this Application; and (ii) receipt of an executed Apartment Lease Agreement from Applicant. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.

The Application Deposit is not considered a security deposit under this Application or applicable law. The Application Deposit will either be:

The Application Deposit is not considered a security deposit under this Application or applicable law. The Application Deposit will either be: (i) credited to the required security deposit pursuant to an Apartment Lease Agreement executed by Applicant; (ii) refunded to Applicant as provided herein; or (iii) retained by Owner as liquidated damages as provided herein.

Application Deposit Credited to Security Deposit

In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.

Application Deposit Refunded and Administrative Fee Returned

If this Application is denied, the Application Deposit and Administrative Fee will be refunded to Applicant.

Application Deposit and Administrative Fee Retained by Owner

Owner shall be entitled to retain the Application Deposit and Administrative Fee as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing this Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within this Application. For the purposes of this provision, if the Applicant is required to pay an additional Application Deposit in order to qualify for occupancy, the Application shall be deemed conditionally accepted prior to the payment of such additional Application Deposit and the failure to pay the additional Application Deposit will entitle Owner to retain the originally paid Application Deposit, even if the Application is subsequently rejected by the Applicant's failure to pay the required additional Application Deposit.

Applicant acknowledges that Owner's standard Lease which Applicant will be asked to sign provides that, after the initial term of the Lease, the Lease will automatically continue on a month-to-month basis until terminated by either party giving at least sixty (60) days prior written notice of termination to the other, whether such termination date is to be on the date of the expiration of the initial term or any renewal term thereafter. Applicant further acknowledges that Owner's standard Lease provides that the resident will have the right, in the resident's sole discretion, to terminate the Lease prior to the expiration of the initial or renewal term by following certain procedures, which will include paying a Cancellation Payment in an amount specified in the Cancellation Option contained in the Lease and signing a Cancellation Agreement. Applicant is encouraged to review Owner's standard Lease, as well as the State Addendum to the Lease for the state in which the property is located, prior to signing and to ask any questions Applicant may have regarding any Lease provisions. Owner's standard Lease, and the State Addendum to the Lease for the state in which the property is located, can be found on the Owner's website at www.tcresidential.com.

Dated effective on the date Owner or Owner's representative has received a completed Application from Applicant, as indicated above.

OWNER:	APPLICANT:			
AF	PARTMENTS			
Signature:	Signature:			
Name Printed:	Name Printed:			
Date:	Date:			
	Spouse's Signature:			
	Name Printed:			
	Date:			