



TCT PROPERTY SERVICES.LLC

2440 N. Litchfield Rd. Ste 206
GOODYEAR, AZ 85395
(623) 536-6226 Phone
(623) 536-6553 FAX
www.tctproperties.com

Property Applying for: _____

Occupancy Date: _____ Lease Term: _____

Rental Application Policy

Thank you for considering one of our rental homes. We strive to offer the best possible rental homes and we look for great tenants that take pride in the place they live.

After you have filled out the attached rental application form completely, please get it back to us. Please note that we cannot approve any application without all of the following information.

- Application fee of **\$35.00 PER PERSON (Cashier's check or Money Order ONLY)** payable to: Westside Property Management, LLC.
- Copy of each primary applicant's two most current employment paycheck stubs as proof of income
- Copy of each primary applicant's drivers license
- Copy of each primary applicant's social security card
- If you are self employed, we will need a copy of your past 2 tax returns
- A valid telephone number for current and previous landlord(s)

We will process the application by obtaining a copy of your credit report. We will contact your employer for employment verification and income verification. Our requirement is that the verifiable income must be at least 3 times the amount of the rent. Please know that if you have extenuating circumstances we will be glad to consider them.

Rental tax (if applicable) is in addition to the following: monthly rent amount, one time \$275.00 non-refundable cleaning/redecorating fee and one time \$75.00 administration fee. Security and pet deposits are non-taxable.

Pets are subject to owner approval at time of application. Some properties have a "no pet" policy at the owner's request, so please inquire before applying for a property. Additional deposit of \$300.00 per pet and an additional \$20.00 per month per pet will be required if pets are approved.

If you are accepted for this property we require the following in the form of **certified funds**: A security deposit equal to a minimum of one month of rent, a non-refundable cleaning/redecorating fee of \$275.00, and a pet deposit (if applicable) of \$300.00 per pet plus any applicable rental taxes and the signed lease within 48 hours of your approval.

You must schedule any applicable utilities (electric, water, trash, and gas) for the start of the lease. Please be advised that you will need to apply for gas service, if the home uses gas, at least 5 days in advance to ensure connection upon move in.

You are strongly encouraged to obtain renters insurance. The owner's insurance policy does not cover your personal belongings.

There are no verbal agreements. All changes to the property or lease agreement must be approved by the owner and signed by our company broker or the property manager. You must immediately report any problems with the home you might discover. You will be given a move in inspection form and asked to fill it out and return to our office within 5 days.

We welcome all applicants and we support equal housing opportunities for everybody. TCT Property Services, L.L.C. strives to provide the finest quality real estate service available. We look forward to earning the right to be your Realtor for life.

Sincerely,
TCT Property Services, L.L.C.

TCT Property Services

APPLICANT

NAME (Include Jr. or Sr. if applicable) _____

SOCIAL SECURITY NUMBER	DATE OF BIRTH
_____	_____
DRIVERS LICENSE #	PHONE NUMBER
_____	_____

EMAIL ADDRESS _____

SPOUSE

NAME (Include Jr. or Sr. if applicable) _____

SOCIAL SECURITY NUMBER	DATE OF BIRTH
_____	_____
DRIVERS LICENSE #	PHONE NUMBER
_____	_____

EMAIL ADDRESS _____

APPLICANT

RESIDENT HISTORY

SPOUSE

PRESENT ADDRESS (Street, City, State, Zip)

Street _____ Apt # _____
City _____ State _____ Zip _____

Name of Landlord/Apartment Complex & Telephone # _____

Rent Amount _____ Dates from _____ to _____

PRESENT ADDRESS (Street, City, State, Zip)

Street _____ Apt # _____
City _____ State _____ Zip _____

Name of Landlord/Apartment Complex & Telephone # _____

Rent Amount _____ Dates from _____ to _____

FORMER ADDRESS (Street, City, State, Zip)

Street _____ Apt # _____
City _____ State _____ Zip _____

Name of Landlord/Apartment Complex & Telephone # _____

Rent Amount _____ Dates from _____ to _____

FORMER ADDRESS (Street, City, State, Zip)

Street _____ Apt # _____
City _____ State _____ Zip _____

Name of Landlord/Apartment Complex & Telephone # _____

Rent Amount _____ Dates from _____ to _____

APPLICANT

EMPLOYMENT INFORMATION

SPOUSE

Name and Address of Employer Self Employed _____

Name _____
Street _____ City _____ Zip _____

Date From _____ to _____ Phone _____

Position _____ Supervisor _____

Monthly Income _____

Name and Address of Employer Self Employed _____

Name _____
Street _____ City _____ Zip _____

Date From _____ to _____ Phone _____

Position _____ Supervisor _____

Monthly Income _____

Name and Address of Employer Self Employed _____

Name _____
Street _____ City _____ Zip _____

Date From _____ to _____ Phone _____

Position _____ Supervisor _____

Monthly Income _____

Name and Address of Employer Self Employed _____

Name _____
Street _____ City _____ Zip _____

Date From _____ to _____ Phone _____

Position _____ Supervisor _____

Monthly Income _____

BANK REFERENCE

Name of Bank: _____ Branch Location _____ Phone _____
Checking Acct _____ Savings Acct _____ How Long _____

TCT Property Services
Rental Application Continued

List Individuals that will be occupying the unit:

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Have you or the co-applicant:

Broken a rental agreement? Yes _____ No _____

Been evicted? Yes _____ No _____

Been convicted of a crime? Yes _____ No _____

Been convicted of a felony? Yes _____ No _____

Have you filed for bankruptcy? Yes _____ No _____ When? _____ Date Discharged _____

Will there be any pets in the unit? Yes _____ No _____

Name _____ Type _____ Weight _____ License # _____ Color _____

Name _____ Type _____ Weight _____ License # _____ Color _____

How many vehicles do you plan to park on the property? _____

Make _____ Model _____ Year ____ Color _____ State ____ License # _____

Make _____ Model _____ Year ____ Color _____ State ____ License # _____

Make _____ Model _____ Year ____ Color _____ State ____ License # _____

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Relationship	Phone Number
------	---------	--------------	--------------

PLEASE READ CAREFULLY

Applicant represents that all of the above statements are true and complete, and hereby authorized verifications of above information references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Applicant acknowledges that management may not be able to complete comprehensive action of the Agreement before move in. Management reserves the right to verify application information after move in and may convert the proposed Rent Agreement to a month to month term if misleading information is contained in this application. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of the proposed premises.

Applicant Signature	Date
---------------------	------

Applicant Signature	Date
---------------------	------