TRINITY REAL ESTATE INVESTMENTS & MANAGEMENTS, LLC LEASE APPLICATION

Date:	Address: _		<u> </u>	
Annlicant's Name	Drivers Lic	ense #	State	
Applicant's Name S.S. #	Drivers License #Birthdate		StateSex	
Spouse's Name	Drivers Lic	ense #	State	
S.S. #	Birthdate	- CHSC II	_ Sex _	
Best phone number to reach you:	En	nail:		
How Long? Phone # ()	Reason for	Leaving		
Renting? Name of Landlord	City State Zip Reason for Leaving Area & Phone# ())	
Previous Address Name of Landlord		Area &	Phone# ()
Current Employer's Name & Address Area & Phone# () Type of Work Previous Employer's Name & Address				
Previous Employer's Name & Addre	ss:		Zip	
Area & Phone# ()	Date Started]	.`o	
Previous Employer's Name & Addre Area & Phone# () Other Income - Source		\$		Per Month
EMPLOYMENT - SPOUSE				
Current Employer's Name & Address: Area & Phone# (Zip	
Area & Phone# (Dat	e Started	_ Monthly Take F	Iome Pay _	
Type of Work				
Previous Employer's Name & Address: Area & Phone# () Date Started Other Income - Source			Zip	
Area & Phone# ()	_ Date Started		.'o	
Other Income - Source			_\$	Per Month
Give Name, Date of Birth and Relationship of House:				

IN CASE OF EMERGENCY, Person to Contact	Relationship
Area & Phone# (Address	
NUMBER OF VEHICLES: Autos Trucks Motorcyc (We do not allow vehicles with more than two axles.) License Plate Number for Each Vehicle /State License Plate Number for Each Vehicle /State	
Will You or the Other Occupants Have a Pet? Will You or the Other Occupants Have a Waterbed?	
Have you or the Other Occupants Ever Been Convicted of a Felong (Year, Location, and Type of Each Felony)	y? Please Explain
Applicant represents that all of the above statements are true verification of above information, references, and credit records. Applicant ack will constitute grounds for rejection of this application, termination of deposits, and may constitute a criminal of	nowledges that false information herein fright of occupancy, and/or forfeiture of
Applicant's Signature Spouse's	Signature
Leasing Agent Date	
HOW WERE YOU REFERRED (Please Circle One)	
Newspaper Ad	
Drove By and Came In	
Former Resident (Name)	
Current Resident (Name)	
Other	
FOR MANAGEMENT USE ON	пу
CLAUSES: Co-Signer Job Transfer Purchase	
	Rent per Month Lease Term
Pro-Rated Amount of Rent-Month \$ Move-In Date	
Full Month Rent \$	

Total Owed Prior to Occupancy	\$ Receipt # _		
CREDIT CHECK RESULTS:	Accepted	Rejected	
FOLLOWING HAS BEEN GIVE	N TO RESIDENT:		
Application _		Date	
Notification of	of Approval	Date	
Lease		Date	
Lead Paint Di	isclosure	Date	
Fair Housing	Fair Housing Declaration		



TRINITY REAL ESTATE INVESTMENTS & MANAGEMENT LLC

LANDLORD REFERRAL FORM

Name Of Applicant Applicant Address					
Applicant Current Address Applicant -Please list the full name, address, phone number and fax number of your last two landlords					
I authorize my past landlords to share any and all information pertaining to my rental history with Trinity Real Estate Investments and Management for the screening of possible tenants for the properties they manage.					
Signature	Signature				
LANDLORD REFERENCE USE ONLY Is applicant in arrears on any charges?					
What is the applicant's current monthly rent	?				
What is the applicant's current security deposit?					
How long have you rented to the applicant?					
Was the applicant ever more than 15 days la How often?	ate with the rent payment?				
Has the applicant complied with the lease g	uidelines?				
How many people are in the applicant's hou	sehold?				
Was the applicant responsible for any utilities at their current address?					
Did the applicant take care of your property	in a proper manner?				
Would you lease to this applicant again?					
When does your lease terminate with these tenants?					
Cianatura of parcan completing form					

TRINITY REAL ESTATE INVESTMENTS & MANAGEMENT LLC

EMPLOYMENT INQUIRY

APPLICANT - Please Fill Out the Next Four Lines Name Of Applicant Applicant Social Security Number Applicant Date of Birth Applicant Current Address Applicant -Please list the full name, address, phone number and fax number of your present employer I authorize my employer to share any and all information pertaining to wages, longevity, and job performance with Trinity Real Estate Investments and Management for the screening of possible tenants for the properties they manage.					
					Signature Signature
					EMPLOYER USE ONLY How long has applicant been with your company?
Monthly take home pay including tips, bonuses, overtime etc,					
Does applicant have any financial hardships that you are aware of?					
Does applicant carry health and/or life insurance through his or her place of employment?					
Is applicant at risk of losing his or her job due to performance, company downsizing or any other reason?					
Employer Signature of person completing form					

TRINITY REAL ESTATE INVESTMENTS & MANAGEMENT LLC

CREDIT INQUIRY

Applicant Social Security Number				
Applicant Date of Birth				
Signature	Signature			
CREDIT REFERENCE USE ONLY How long has applicant had credit with yo	our company?			
What is the monthly payment to your con	npany by applicant?			
Has the applicant been late with any payr How often?				
Does applicant have any financial hardshi	ps you are aware of?			
Would you open a new credit account wit	h this applicant in the future?			
In your opinion, as a credit risk, this appliance Poor Fair	cant is:GoodExcellent			
Signature of person completing form				

If you have any questions completing this application please contact:

Kelly Foster
574-532-1342 Cell
574-235-3709 24 Hour Voicemail & Fax
fosterkellyjo@aol.com

