FOR USE BY LANDLORD / PROPERTY MANAGER / OWNER Member, You May Submit this Application On-Line at the Smart-Landlord Network, or you may Fax Toll Free to 1.877.543.8326

Query Type

TECO Living History

Ultimate TLC Report

We Do Not allow known Drug Dealers and Individuals Participating in Criminal Activities to Rent any of our units. If you are approved for a unit, and we as the owner, later discover that you are a narcotics user or dealer, we will immediately report you to the appropriate authorities. We will also willingly participate in testifying against you, and submit any information you give us on your application as evidence. Please be aware that Law Abiding Tenants occupy our Units and are aware of the types of activity that signal the presence of drug dealers, and they have been instructed to contact us immediately upon discovery of any and all illegal activity.

NOTICE TO APPLICANTS

Membership Number

ONE APPLICATION PER PERSON

Date of Application E-Mail Address **Current Phone Number** Full Name (Including Middle, Sr,. Jr., II, III, etc.) Maiden Name (If Applicable) Social Security / ITIN No. Date of Birth Driver's License No.(Including State) Current Address City/State/Zip Date Moved In Rent Amount Week Month (Check One) Current Landlord's Name Phone Number Landlord's Address City/State/Zip Reason for Moving Previous Address City/State/Zip From Τo Rent Amount Week Month (Check One) Landlord's Name Phone Number Landlord's Address City/State/Zip Reason for Moving Previous Address City/State/Zip

From To Rent Amount

Phone Number

Week

Month (Check One)

Landlord's Name Phone Number
Landlord's Address City/State/Zip

Reason for Moving

References (Not A Relative & Not Listed Above)

NameRelationshipPhone No.NameRelationshipPhone No.

In Case of Emergency, Please Notify the Following Person(s)

Name Relationship Phone No.

Address City/State/Zip

Others to Occupy the Unit - Including All Children

Name Social Security / ITIN No. Date of Birth Relationship

Employment

Present Employer Supervisor's Name

Address City/State/Zip

Phone No. Employed Since (Date) Salary Week Month (Check One)

Previous Employer			Supervisor's Name				
Address	City/State/Zip						
Phone No.	Employed Sinc	mployed Since (Date)		Salary	Week	Month (Check One)	
Other Income							
Source of Income			А	mount	Week	Month	(Check One)
Source of Income			А	mount	Week	Month	(Check One)
Source of Income			Α	mount	Week	Month	(Check One)
Bills Owed (Child Support, Car Pay	ment, Charge Car	ds, etc.)					
Debt Type	Amount Owed		Р	ayments	Week	Month	(Check One)
Debt Type	Type Amount Owed		Payments		Week	Month	(Check One)
Debt Type	Amount Owed	Payments			Week	Month	(Check One)
Vehicles							
Automobile Make & Model	Year		Color	License Plat	e Number		State
What Types of Pets do you own?			Hav	ve you ever been brought	to Court by a Land	lord?	Yes N
Has an Eviction ever been filed against yo	ou? Yes	No	Has	s a Landlord ever asked y	ou to leave?		Yes N
Have you ever paid your rent late?	Yes	No	Hav	Have you ever willfully or intentionally not paid rent?			
Have you ever broken your lease agreem	ent? Yes	No		/e you ever filed for Bankı	• •		Yes N Yes N
Have you ever had a Judgment filed again	nst you? Yes	No		ve you ever been convicte	•		Yes N
Are you currently serving Probation or Parole? Yes				If yes, describe the crime and circumstances in full below:			
By Signing Below, You Authorize that obtained from landlords, property mana worthiness to rent housing accommodate knowledge and belief. If any statement of the applied to rent or actual damages surplied to rent or actual damages surplied to reasons other than listed about a power for reasons other than listed about a power than a power of the appropriate Consumer Creating also be released to any Consumer	gement companies, tions. You also warra or writing contained h istained by the owne ve. In addition, if you dit Reporting Agency	or any other ant and rep nerein is no r, except the are approver as the occ	er service or resent that a ot true, or yo nat the depo ved for a uni cupant of thi	sources which could attrall statements contained u chose to withdraw this sit may be fully refunded t, you authorize the land s unit, along with all history	est to my creditabi herein are true an application for an if this application lord/property man	lity, suit d correct y reason is not a ager/ow	ability and ct to your n, the deposit may ccepted by the rer to report your
Legal Signature				Date			
Photo Identification is Required & Mar	ndatory at time of A	pplication.	Failure to p	provide Legal State Pho	to Identification Is	s Grour	nds For Rejection
APPLICANT, PLEASE DO NOT WRITE E	BELOW THIS LINE			FOR USE B	Y LANDLORD / PR	OPERT	Y MGR / OWNER
Driver's License Information					Verification		
Name				Driver's License or State ID			
Address				Current Landlord	Acceptable		Acceptable
City/State/Zip				Prior Landlord	'		Acceptable
DOB Height _				Employment	•		Acceptable
				Prior Employment	Acceptable	Not	Acceptable
Hair Color Licens	se No			Application Fees Re	ceived:		

Application Fees Received:

Date Received:

Employment, Continued

State _____ Expiration _____