Application Fee $30
Date:_____

TPM Properties
Return Application To: PO Box 221497 Charlotte, NC 28222
(704)541-5544 FAX(704)541-5267

Rental Application

Unit Applying For:_____ Section 8: yes no voucher for_____bedrooms

Personal Information

APPLICANT	SPOUSE
Name:	**Name:**
Phone:	**Phone:**
Social Security #:	**Social Security #:**
Birthdate: Age:	**Birthdate: Age:**
Drivers License#:	**Drivers License#:**
Car Make/Model:	**Car Make/Model:**
Number of Dependants:	**Number of Dependants:**
Names/Ages:	**Names/Ages:**
Marital Status:	**Marital Status:**

Rental History

Current Address:	**Current Address:**
Landlord:	**Landlord:**
Landlord Phone#:	**Landlord Phone#:**
Lived there since:	**Lived there since:**
Amount of rent:	**Amount of rent:**
Previous address:	**Previous Address:**
Previous Landlord:	**Previous Landlord:**
Phone#:	**Phone#:**

Employment Information

Current Employer:	**Current Employer:**
Phone#:	**Phone#:**
Supervisor:	**Supervisor:**
Position:	**Position:**
How Long:	**How Long:**
Gross Pay: Mo: Wk:	**Gross Pay: Mo: Wk:**
How Often Paid:	**How Often Paid**
Previous Employer:	**Previous Employer:**
How Long: Income:	**How Long: Income:**
Other Income:	**Other Income:**

I hereby certify that the above information is true and correct and authorize Management to verify:

_____ _____

Applicant's Signature **Spouse's Signature**