

TRINITY REAL ESTATE INVESTMENTS & MANAGEMENTS, LLC LEASE APPLICATION

Date: _____ **Address:** _____

Applicant's Name _____	Drivers License # _____	State _____
S.S. # _____	Birthdate _____	Sex _____
Spouse's Name _____	Drivers License # _____	State _____
S.S. # _____	Birthdate _____	Sex _____

Present Address _____ City _____ State _____ Zip _____
 How Long? _____ Phone # (____) _____ Reason for Leaving _____
 Renting? _____ Name of Landlord _____ Area & Phone# (____) _____

Previous Address _____ City _____ State _____ Zip _____
 Rented? _____ Name of Landlord _____ Area & Phone# (____) _____

EMPLOYMENT - APPLICANT

Current Employer's Name & Address: _____ Zip _____
 Area & Phone# (____) _____ Date Started _____ Monthly Take Home Pay _____
 Type of Work _____
 Previous Employer's Name & Address: _____ Zip _____
 Area & Phone# (____) _____ Date Started _____ To _____
 Other Income - Source _____ \$ _____ Per Month

EMPLOYMENT - SPOUSE

Current Employer's Name & Address: _____ Zip _____
 Area & Phone# (____) _____ Date Started _____ Monthly Take Home Pay _____
 Type of Work _____
 Previous Employer's Name & Address: _____ Zip _____
 Area & Phone# (____) _____ Date Started _____ To _____
 Other Income - Source _____ \$ _____ Per Month

Give Name, Date of Birth and Relationship of All Persons (Other than Yourself) Who will Occupy the House:

IN CASE OF EMERGENCY, Person to Contact _____ Relationship _____
Area & Phone# () _____ Address _____

NUMBER OF VEHICLES: Autos _____ Trucks _____ Motorcycles _____ Other (Specify) _____
(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 Felony? Please Explain
(Year, Location, and Type of Each Felony)

Applicant represents that all of the above statements are true and complete, and hereby authorizes
verification of
above information, references, and credit records. Applicant acknowledges that false information herein
will
constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of
deposits,
and may constitute a criminal offense.

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 ONLY

CLAUSES: Co-Signer _____ Job Transfer _____ Purchase _____ Pet _____ Option _____ Other _____

Application Deposit \$ _____ Receipt # _____ Rent per Month _____ Lease Term _____

Balance of Damage Deposit \$ _____ Type _____

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 GIVEN TO RESIDENT:

Application _____ Date _____

Notification of Approval _____ Date _____

Lease _____ Date _____

Lead Paint Disclosure _____ Date _____

Fair Housing Declaration _____ Date _____



TRINITY REAL ESTATE INVESTMENTS &
MANAGEMENT LLC

LANDLORD REFERRAL FORM

APPLICANT - Please Fill Out the Next Four Lines

Name Of Applicant _____

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 late with the rent payment? _____

How often? _____

Has the applicant complied with the lease guidelines? _____

How many people are in the applicant's household? _____

Was the applicant responsible for any utilities at their current address? _____

Which utilities? _____

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? _____

Signature of person 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 - 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 credit reference

I authorize my credit reference to share any and all information pertaining to my account history with Trinity Real Estate Investments and Management for the screening of possible tenants for the properties they manage.

Signature

Signature

CREDIT REFERENCE USE ONLY

How long has applicant had credit with your company? _____

What is the monthly payment to your company by applicant? _____

Has the applicant been late with any payments? _____

How often? _____

Does applicant have any financial hardships you are aware of? _____

Would you open a new credit account with this applicant in the future? _____

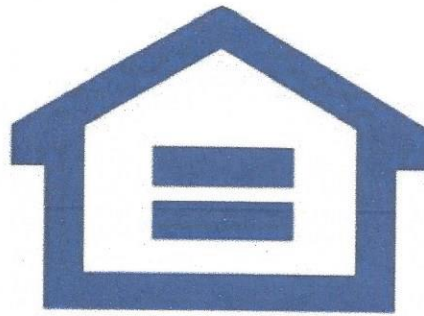
In your opinion, as a credit risk, this applicant is:

_____ Poor _____ Fair _____ Good _____ Excellent

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



**EQUAL HOUSING
OPPORTUNITY**