



Thank you for your interest in TPMC's affordable living communities. Please choose one option from the list below for completing and submitting this package. Read all instructions carefully. Your application must be filled out completely and signed. Incomplete, unsigned or applications marked "N/A" will not be accepted.

**OPTION 1. DIGITAL** Fill each form field on screen, sign digitally, and save the form. You may print a copy for your records. Click "SUBMIT FORM" to navigate to our upload portal. Upload the form and all other required items.

**OPTION 2. HYBRID** Fill the form fields on screen and print the completed form to sign it manually. Scan the completed form and other required items and upload via our portal, or deliver them to the applicable leasing office.

**OPTION 3. MANUAL** Print the form and write in the spaces using **BLUE INK ONLY**. Scan the completed form and other required items and upload via our portal, or deliver them to the applicable leasing office.

**Complete background checks will be performed on ALL applicants to include credit, criminal and rental history. INCOME RESTRICTIONS APPLY. Please read the Affordable Statement of Qualifications for more details.**

### Express Application Checklist

Use this checklist to ensure you have **ALL APPLICABLE REQUIRED ITEMS** when you submit your application.

- Non-refundable application fee of \$85 per adult (18 years or over)
- Fully completed and signed application
- Complete list of everyone who will be living in the apartment
- Government issued Photo I.D. is required for all applicants (adults only)
- Social Security card
- Birth certificates for all members of the household younger than 18 years old
- Last 6 most recent pay stubs, if paid bi-weekly **OR** Last 10 most recent pay stubs, if paid weekly
- Last 6 most recent checking account bank statements / 1 month savings account statement
- Current Social Security benefits letter for everyone who receives benefits in the household
- Current retirement/pension benefits statements/annuities/401k/403b/CD's
- All other current sources of income and assets (e.g. VA benefits, GI Bill, TANF, wages, Self-Employment — 2 year tax return with Schedule C and whole life insurance)

**YOUR APPLICATION FORM CANNOT BE PROCESSED  
UNLESS ALL REQUESTED INFORMATION IS PROVIDED.**

#### TPMC Leasing Offices

**Tuscany Cove** • 5900 NW 7th Ave, Suite 101, Miami, FL 33127 | (305) 889.9912  
**Garden Walk** • 21354 SW 112 Ave, Cutler Bay, FL 33189 | (305) 232.3430  
**Edison Towers** • 5821 NW 7th Ave, Miami, FL 33127 | (305) 757.6604  
**Edison Terraces** • 675 NW 56th Street, Building C, Miami, FL 33127 | (305) 759.2752  
**Edison Place** • 651 NW 58th Street, Suite 101, Miami, FL 33127 | (305) 759.2752

See page 2  
for details  
on making  
payments.

## AFFORDABLE STATEMENT OF QUALIFICATIONS

Dear Applicant:

Thank you for your patience while we work to assure that our community and possibly your future home is filled with qualified and respectful residents who will make this a great place to live! If you meet the applications standards and are accepted, you will have the peace of mind of knowing that you will be joining other residents who have been processed with equal care.

If your application meets all of the following criteria, you will be approved. If it does not, you may be approved with conditions, which may require you to pay an additional security deposit, make payments with certified funds only, or obtain a co-signer or guarantor (in communities where permitted). In the event that you do not meet the requirements set forth, we will have to deny your application.

**TPMC provides equal and fair housing opportunities. We do not discriminate based upon race, color, religion, sex, national origin, familial status disability, age, marital status, or any other qualifications not related to the application process.**

### Application Screening Requirements

#### Complete Application

All lines must be filled in and questions answered for the application to be processed. ALL intended occupants must be named on the lease. All applicants must be 18 years or older. Applicants to Tuscany Cove and Edison Towers must be 55 years or older.

#### Application Fee Payment

An \$85 non-refundable application fee is required for every adult applicant. Payment of application fees and deposits may be made at our leasing office via money order or cashier's check. Money orders or cashier's checks are payable to TPMC LEASING.

#### Two Forms of Identification are Required for All Applicants

We require a photo ID (a valid driver's license or photo identification card issued by the government, state or federal) and a second form of identification in order to verify your identity once you begin the application process. Your second form of identification may be a social security card, birth certificate, or a non-resident alien card, etc. If your social security card is marked 'Eligible for Employment with DHS approval' and you report income, you must also provide the authorization card (A copy of each form of ID will be required once your application is approved.)

#### Verifiable Rental History

The standard approval process requires verifiable rental history for the past 2 years. It is your responsibility to provide the necessary information that allows us to contact your past landlord(s) for these details. You must have a history of paying your rent on time, keeping the residence in a neat, clean and sanitary condition, have given proper notice, have no dispossession warrant(s) filed (within the past 3 years) and must not owe any money to your past/present landlord(s). If we are unable to verify your previous landlords and/or references, we reserve the right to charge additional security deposit and/or deny your application if the other criteria set forth are not met. Verifiable for these purposes means THIRD PARTY verification from someone other than a relative. We will consider a mortgage as rental history, if it has been active within the past 2 years. However if the mortgage is late or in default, you will be asked to give the reason why, show documentation to support the reason, and may be required to pay additional security deposit providing the other criteria set forth are met.

## AFFORDABLE STATEMENT OF QUALIFICATIONS

### Application Screening Requirements

#### Income Eligibility

In order to become eligible for approval you must meet the income requirements set forth by each community. Income restrictions apply. Income will be verified by 3rd party. Some examples are: Employment Verification, the collection of paystubs (six recent and consecutive), the collection of SSI, SSD, SSA confirmation letters, the collection of legal settlement and divorce agreements and any other legal paperwork reflecting income (i.e. child support documentation, the collection of six bank statements (when applicable), the collection of IRA, 401K, or other asset statements).

- A complete list of income documentation will be provided to you by the property staff once the initial interview for application is complete. Recipients of Housing Assistance payments must have a minimum annual income that is the greater of 2.5 times their portion of the rent.
- For applicants that are reporting income from a contributor (a person who makes regular monthly contributions to the applicant), the following applies:
- 50% of income or less from contribution—A notarized affidavit from the contributor (form to be provided by office) AND 6 months bank statements showing the amount of the contribution as a deposit. If the applicant cannot provide bank statements proving the contribution, then the contributor must be added and approved as a GUARANTOR.
- If more than 50% of income is from a contribution the above must happen. IN ADDITION, the contributor must become an approved GUARANTOR for the leaseholder and earn at least FOUR (4) times the monthly rent. The guarantor will be subject to a full background check, and must have a minimum credit score of 720. Guarantors must complete a Guarantor Pre-Leasing Application and pay the applicable application fee. Guarantors must also sign a Lease Contract Guarantee which must be signed in the office or notarized. Guarantors must sign a new Lease Contract Guarantee with each renewal.
- Guarantors will not be considered as tenants and will not be allowed to reside in the unit.

#### Employment Eligibility

Each applicant must provide verifiable evidence of being engaged in continuous employment for the past 2 years. Recent graduates of high school or college may be considered exempt. If self-employed, additional verification of income will be required.

#### Credit History

Credit accounts should have satisfactory ratings and all utility accounts must be current with no balance owing. If credit has been slow but all other qualifications for residency have been met, an additional security deposit will be required.

#### Bankruptcy

If the bankruptcy has been dismissed or discharged, we may require documentation. Each case will be fully reviewed. Once all information is reviewed, we may still approve your application and will require additional security deposit.

## AFFORDABLE STATEMENT OF QUALIFICATIONS

### Application Screening Requirements

#### Criminal Background

Criminal background will be reviewed for all applicants. Leasing associates/managers are not permitted to discuss criminal background with applicants prior to contacting their Regional Managers for proper direction. If any member of the household has a felony record that includes drugs and violent offenses their application will be automatically denied, no matter the period of time. The applicant will have the opportunity to contact our screening company if you dispute this finding. In addition, you will have the opportunity to challenge the identity of the felon and bear the burden of proof if the felony report is for someone other than yourself. The application will be denied and a letter presented to you with appropriate phone numbers to call, if you are disputing this report.

### Property Specific Requirements

#### Minimum Age Requirement

Applicants must be at least 18 years old. Applicants to Tuscany Cove or Edison Towers must be 55 years or older.

#### Pet Policy

Pets are only allowed at the Tuscany Cove community. Service and emotional support animals are not considered pets, and documentation for these will be required. Pet breed, weight and other restrictions apply. Owners must provide a current pet vaccination record, photo of the animal, and verification of service/emotional support.

#### Smoking Policy

Tuscany Cove and Edison Towers are 100% smoke-free buildings. Smoking of tobacco products and electronic cigarettes is prohibited.

#### Security Deposit

The amount of required security deposit is based on credit and rental history. The deposit hold fee will be applied toward the security deposit. If your application is approved, you will be required to pay the full security deposit and applicable month's rent prior to moving in. The security deposit is REFUNDABLE. The amount to be refunded is dependent on the condition of the unit at move out and the satisfaction of all financial obligations.

#### Monthly Rental Amounts with Minimum and Maximum Income Restrictions and Guidelines

See the Statement of Qualifications Addendum on page 5.

#### Application Fee Payment

An \$85 non-refundable application fee is required for every adult applicant. Payment of application fees and deposits may be made at our leasing office via money order or cashier's check. Money orders or cashier's checks are payable to TPMC LEASING.

#### Important Things to Remember

1. Credit reports can not issued to applicants nor are we permitted to discuss the reporting with the applicant. You must contact the Credit Reporting Agency to discuss any/all matters concerning your credit report.
2. Felony reports, convictions, or charges are automatic denials.
3. Unfavorable Rental Histories are automatic denials.
4. All applicants will be notified immediately upon approval or denial with written results generated from the screening program. In addition, this approval/denial will be noted on your application at this time.
5. Holding deposits are not refundable once you have been notified that your application has been approved.
6. It is required to leave your photo ID in the leasing office when touring the community.

**REV: June 20, 2024**

**STATEMENT OF QUALIFICATIONS ADDENDUM**

**Minimum Age Requirement**

Applicants must be at least 18 years old. At Tuscany Cove and Edison Towers, all applicants must be 55 years or older.

**Fees/ Deposits**

- Non-refundable application fee of \$85 per adult applicant
- Deposit holding fee of \$500 (Non-refundable)
- Security deposit is based on credit and rental history
- Pets are only allowed at Tuscany Cove; one pet per household. A pet deposit of \$350 is required (some conditions apply. Please discuss with leasing associates on application approval.)

**Rent Range (Subject to change)**

Bedrooms	Bathrooms	Rent Range				
		Edison Place	Edison Terraces	Edison Towers	Garden Walk Apts	Tuscany Cove
0	1	N/A	N/A	N/A	N/A	\$588
1	1	\$578 - 1,643	N/A	\$988 - 1,201	\$776 - 1,202	\$632 - 1,206
2	1	\$689 - 1,966	\$1,104 - 1,456	N/A	N/A	N/A
2	2	\$695 - 1,972	N/A	\$1,188 - 1,443	\$937 - 1,447	\$757 - 1,444
3	2	N/A	\$1,393 - 1,688	N/A	\$1,087 - 1,677	N/A

**Maximum Allowable Combined Household Income Table**

Number of People	30%	33%	40%	50%	60%	80%
1	\$23,850	\$26,235	\$31,800	\$39,750	\$47,700	\$63,600
2	\$27,240	\$29,964	\$36,320	\$45,400	\$54,480	\$72,640
3	\$30,630	\$33,693	\$40,840	\$51,050	\$61,260	\$81,680
4	\$34,050	\$37,455	\$45,400	\$56,750	\$68,100	\$90,800
5	\$36,780	\$40,458	\$49,040	\$61,300	\$73,560	\$98,080
6	\$39,510	\$43,461	\$52,680	\$65,850	\$79,020	\$105,360

**Minimum Allowable Combined Household Income Table\***

Bedrooms	33%	50%	60%
1	\$18,690	\$29,670	\$36,210
2	\$22,710	\$35,730	\$43,380

**Rental rates vary based on income. Occupancy restrictions apply. Units are subject to availability.**

\*Applicable to Tuscany Cove and Edison Towers. For all other TPMC managed properties a rent maximum of no more than 40% household income is allowable. Anything above 40% will require a Gift Letter or Guarantor. e.g. \$40,000/40% = \$16,000/12 = \$1,333

I acknowledge receipt of this document:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name



## TPMC RENTAL APPLICATION

This application must be completed (on screen or in print) by the applicant only. A verifiable digital/manual signature will be required. Answer all questions; do not use N/A. Applicants must be at least 18 years old. Applicants to Tuscany Cove and Edison Towers must be at least 55 years old. Each adult must complete a separate form and pay a separate fee.

### COMMUNITY PREFERENCE

I want to live at  Garden Walk Apts  Edison Towers (Senior Living)  Edison Place  Edison Terraces  
**Select ONE property only.**  Tuscany Cove (Senior Living) Desired move in date

My preferred unit size is  1 Bedroom  2 Bedroom  3 Bedroom

### CONTACT INFORMATION

First Name/s <input style="width: 95%;" type="text"/>	Social Security # <input style="width: 95%;" type="text"/>
Middle Initial <input style="width: 95%;" type="text"/>	Driver's Licence or State ID # <input style="width: 95%;" type="text"/>
Last Name/s <input style="width: 95%;" type="text"/>	Issuing State <input style="width: 95%;" type="text"/>
Telephone H <input style="width: 150px;" type="text"/> C <input style="width: 150px;" type="text"/> W <input style="width: 150px;" type="text"/>	
Email <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide it: <input style="width: 400px;" type="text"/>	

### MARITAL STATUS

Current Marital Status  Single  Married  Divorced  Separated  Widowed

If separated or estranged, please provide your spouse's full name.

- If reconciliation occurs prior to expiration of the lease, and your spouse wishes to reside with you, your entire household must requalify as a new household. Please acknowledge with your initials.

### RESIDENTIAL INFORMATION

● MINIMUM TWO YEARS OF RESIDENTIAL HISTORY MUST BE PROVIDED

Current Address    
STREET ADDRESS/APT # CITY

Occupancy Period  TO   
STATE ZIP

Residential Status  Owner  Renter  Family Monthly Payment

Name of Community/Landlord  Telephone

Former Address (if applicable)    
STREET ADDRESS/APT # CITY

Occupancy Period  TO   
STATE ZIP

Residential Status  Owner  Renter  Family Monthly Payment

Name of Community/Landlord  Telephone



## TPMC RENTAL APPLICATION

### EMPLOYMENT DETAILS

**Present Employer**  **Date Started**   
**Position Held**  **Sole employment**  Yes  No  
**Employer Address**    
STREET ADDRESS/APT # CITY  
 Telephone  Fax   
STATE ZIP  
**Gross Pay**  Weekly  Bi-Weekly  Bi-Monthly  Monthly **Salary \$**

**Other Employer**  **Date Started**   
**Position Held**   
**Employer Address**    
STREET ADDRESS/APT # CITY  
 Telephone  Fax   
STATE ZIP  
**Gross Pay**  Weekly  Bi-Weekly  Bi-Monthly  Monthly **Salary \$**

**Former Employer**  Telephone   
**Dates employed**  TO   
**Gross Pay**  Weekly  Bi-Weekly  Bi-Monthly  Monthly **Salary \$**

### OTHER INCOME SOURCES

● ALL SOURCES OF INCOME MUST BE DOCUMENTED

Do you receive or have you been awarded (for yourself or on behalf of anyone else) any of the following?

Income Source	CHECK YES/NO	Amount Received/\$	Frequency (Weekly, Monthly, Annually)
Social Security/ S.S.I./ S.S.D.	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Alimony	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
T.A.N.F. (Cash Assistance)	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Retirement Income	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Unemployment Compensation	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Disability / Workman's Compensation	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Annuity Payments	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Armed Forces Reserve	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Recurring Periodic Income	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Foster Care /Adoption Maintenance	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gift Contributions ●	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Unreported or Undeclared Tips	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Rental Income	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Anticipated Seasonal / Summer Employment	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

● Gift Contributions must appear on your bank statements to be considered as income.

**Additional Comments**



## TPMC RENTAL APPLICATION

### OTHER INCOME SOURCES (CONTINUED)

Do you receive child support?  Yes  No

Do you have a child support order?  Yes  No

Are you pending court ordered child support?  Yes  No

If you answered **Yes** to any of these questions please complete the table below for all children in the household.

Name of Child	CHECK YES/NO	Source (Court ordered, Voluntary, None)	Amount Received/\$	Frequency (Weekly, Bi-Weekly, Monthly, Bi-Monthly, Annually,)
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			
	<input type="checkbox"/> Y <input type="checkbox"/> N			

Are you currently unemployed?  Yes  No

If yes, are you claiming zero income for the next 12 months?  Yes  No

If yes, please the full legal name of your source of support (individual/organisation) \_\_\_\_\_

### APARTMENT OCCUPANTS

List all persons that will be living in the apartment for at least 50% of the leasing period.

Household Member Name	Relationship to Head of Household	Birth Date	Age	Gender	Students	
					Yes/No	Full-time or Part-time
	Head of Household				<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	

Are you or anyone in the household currently enlisted or enlisting in the military or reserves?  Yes  No

Do you have custody of all minors (17 and under) listed above?  Yes  No  None

Will any of the persons (18 years and over) in the household be or have been full-time students during five calendar months of this year, or plan to be in the next calendar year at an educational institution with regular faculty and students?  Yes  No

If yes, the full name of the institution/s attending: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate any changes in the household composition in the next 12 months?  Yes  No

If yes, what is the change, and when is it expected to occur?

\_\_\_\_\_





# TPMC RENTAL APPLICATION

## HOUSEHOLD ASSET VERIFICATION

Assets	CHECK YES/NO	Amount or Average Balance/\$	Interest Received
Checking Account or Debit Card	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Savings	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Trust Funds / Land Contracts / Lump Sum Receipts	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
IRA / Certificate of Deposit / Money Market	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
401K / Stocks / Bond / Keogh Accounts	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Investments / Safety Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Whole Life Insurance / Capital Investments	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cash on Hand / Personal Property held as an Investment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other / Retirement / Pension Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Are the combined household assets more than \$5,000?  Yes  No

Do you own a home?  Yes  No What is the value of your home? \$

Have you disposed of (sold or given away) any assets in the past two years?  Yes  No

If yes, was it for less than for market value?  Yes  No Value of assets disposed \$

## ADDITIONAL ASSETS

Do you own a vehicle/s?  Yes  No If yes, provide the following details.

Make	Model	Color	Year	Tag
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## HOUSING CHOICE VOUCHER PROGRAM

Do you have a Section 8 Voucher?  Yes  No

If yes, please indicate your source.  Expiry Date

## ACCESSIBILITY

Do you or any member of the household require an accessible unit?  Yes  No

If yes, please check all that apply.  Mobility  Vision  Hearing Impairment

## PETS

Do you have a:

Pet?  Yes  No Service animal?  Yes  No Emotional Support animal?  Yes  No

If yes, please provide the following details. Type of animal

Breed  Weight  Color  Name

● Owners must provide a current pet vaccination record, photo of the animal, and verification of service/emotional support.



## TPMC RENTAL APPLICATION

### RENTAL HISTORY

Have you or any member of your household who will be residing in the apartment ever been charged with:

Misdemeanor?  Yes  No      Felony?  Yes  No

### REFERRAL

How did you find out about TPMC's affordable living communities?

**IMPORTANT NOTE: If your application is not signed it cannot be processed.**

### Applicant Authorization and Certification

By signing below Applicant(s) authorizes the owner/manager to verify applicants and all other household members' criminal background, school enrollment, contact current and/or previous landlords, obtain credit, eviction court record, sex offender registration information, and any other information deemed necessary to verify any or all information provided on this application and to release said information to Tacolcy Property Management Co., its Agents/Assigns. Applicant understands that eligibility for housing will be based on applicable income limits and by management's selection criteria and are subject to change.

Under penalty of perjury, the applicant represents that all of the above statements are true and complete to the best of their knowledge, and hereby authorizes verification of the above information. Applicant further understands that providing false representations herein constitutes an act of FRAUD. In addition to the foregoing, applicant has paid a non-refundable fee for costs and expenses in checking applicant's credit and criminal background. Applicant acknowledges that any false, misleading or incomplete information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute an act of fraud under laws of this state.

### Apartment Deposit/Deposit Holding Fee

In consideration of owners taking a dwelling unit off the market, applicant may be asked to pay an "Apartment Deposit". Once a rental application is approved, either a signed lease with security deposit payment or a "Deposit Holding Fee" of \$500 will be required within 48 hours to move forward with reserving a unit. The holding fee will guarantee we will reserve the unit for a period of 10 days for existing buildings, the period may be extended for new construction. If a holding fee was collected, once the lease is entered into, the apartment holding fee shall be credited to the required security deposit. If applicant fails to sign the lease within 10 days of being notified that the apartment is available for move in or refuses to enter into a lease on the agreed upon date for a stated apartment, the deposit holding fee shall be forfeited to the owner to serve as liquidated damages it will suffer by reason of failure to enter into residency.

Keys will be furnished only after lease, verification of utilities and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

**TPMC RENTAL APPLICATION**

**Application Processing Charge**

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant. In the event of an unfavorable outcome with this application I further agree that I will not dispute the non-refundable application fee with my bank, credit card company, financial institution or issuer of money orders/cashiers check.

I have read and agree to the provisions as stated.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Owner/Management Representative \_\_\_\_\_ Date \_\_\_\_\_

● **IMPORTANT NOTE:** Please complete the optional Voluntary Statistical Data Form on page 12 and the (required) Emergency Contact Form on page 13 before clicking the **SUBMIT FORM** button. Thank you for your time. We look forward to welcoming you to our communities.

**TO SUBMIT YOUR FORM DIGITALLY ONCE COMPLETE**

**Check your form carefully, save your form, then click SUBMIT FORM.** This will take you to your email client or prompt you to enter and log into your web mail account. Your saved application form will automatically attach to an addressed email (look for this in your Drafts folder if using web mail). Attach all required supporting documents listed on page one of this form.

**SUBMIT FORM**

**FOR OFFICE USE ONLY**

Referred by	_____	Apartment Size	_____
Property	_____	Apartment No.	_____
Monthly Rent \$	_____	Required Security Deposit \$	_____
Concession \$	_____	Actual Security Deposit Paid \$	_____
Hold Fee \$	0 _____	Security Deposit Balance Owed \$	0 _____
Processing Status	_____	Processing Employee	_____
Approval Date	_____	Move-in Date	_____





## VOLUNTARY STATISTICAL DATA

Information in this addendum is gathered for statistical use only. No resident / applicant is required to give such information unless they desire to do so. Refusal to provide information will not affect any rights the household members have as residents or applicants. There is no penalty for households that do not complete the form.

### NEW HOUSEHOLDS

#### Prior Housing Information (Answer for head of household)

Monthly rental payment

Monthly house payment

ZIP code

### ALL HOUSEHOLDS

#### Current Employment

(Answer for head of household)

Occupation

ZIP code

#### Primary Mode of Transportation

(Answer for head of household)

Motor vehicle

Public transportation

Other

#### Additional Household Information

(Answers apply to any member of the household)

##### Check all that apply.

Receives Medicare benefits       Is a person with a disability

Receives Medicaid benefits

Racial Categories (Select all that apply)	Total Number of Household Members per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Asian	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Black or African American	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
American	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Native Hawaiian or Other Pacific Islander	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
White	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
American Indian or Alaska Native and White	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Asian and White	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Black or African American and White	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
American Indian or Alaska Native and Black or African American	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Asian and Black or African American	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other multiple race combination	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>



## REQUIRED EMERGENCY CONTACT FORM

Please fill this form out as completely as possible.

My name

**Contact 1** I authorize the landlord to grant the below person entry to my unit in case of emergency.  Yes  No

Name  Relationship

Address     
STREET ADDRESS/APT # CITY STATE ZIP

Telephone H  C  W

Email

**Contact 2** I authorize the landlord to grant the below person entry to my unit in case of emergency.  Yes  No

Name  Relationship

Address     
STREET ADDRESS/APT # CITY STATE ZIP

Telephone H  C  W

Email

### Primary Physician

Name

Address     
STREET ADDRESS/APT # CITY STATE ZIP

Telephone H  C  W

Email

Insurance  Policy #

### Allergies/Medical Conditions

I, the undersigned, give permission to my landlord to call for an ambulance if they deem necessary, in the event that I may not make that decision myself.

\_\_\_\_\_  
 Signature Signature of parent/guardian if under 18 Date

\_\_\_\_\_  
 Printed Name Printed Name

