

NON-REFUNDABLE APPLICATION FEE \$ _____

Tomlin & Associates, LLC
 2782 Waterlick Road
 Lynchburg, Virginia 24502
 Ph. (434) 239-2883 * (434) 239-3234



TYPE OF UNIT DESIRED / WHEN?	RENTAL CONSULTANT	
DATE LEASE BEGINS / ENDS	UNIT NO.	RENT \$
RECEIVED		_____ IDENTIFICATION
		\$ _____ APP FEE
		\$ _____ RES DEP
		\$ _____ 1ST RENT

PERSONAL INFORMATION

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME PHONE	WORK PHONE	MAKE AND YEAR OF AUTO		TAG NUMBER
PRESENT ADDRESS				
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS	RENT OR OWN MONTHLY PAYMENT
CURRENT LANDLORD/MORTGAGEE NAME AND ADDRESS				PHONE
PREVIOUS ADDRESS				DATES
PREVIOUS LANDLORD/MORTGAGEE NAME AND ADDRESS				PHONE
HAVE YOU EVER LIVED IN A T&A PROPERTY BEFORE?		IF YES, GIVE NAME AND LOCATION		DATES
YES	NO			
SPOUSE'S NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME PHONE	WORK PHONE	MAKE AND YEAR OF AUTO		TAG NUMBER
ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP	PHONE
LIST BELOW ALL PERSONS TO OCCUPY APARTMENT				
NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP AGE
1			3	
2			4	
HAVE YOU OR YOUR SPOUSE EVER:				
BEEN EVICTED OR ASKED TO MOVE OUT? Y N		BEEN SUED FOR DAMAGES FOR A RENTAL PROPERTY? Y N		
BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT? Y N		DECLARED BANKRUPTCY? Y N		
BEEN LATE WITH RENT PAYMENTS OR SUED FOR NON-PAYMENT OF RENT? Y N		ANY OUTSTANDING JUDGEMENTS? Y N		
IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____				

EMPLOYMENT INFORMATION

PRESENT EMPLOYER	POSITION	IMMEDIATE SUPERVISOR	PHONE
CITY	STATE ZIP CODE	LENGTH OF EMPLOYMENT YRS MOS	GROSS SALARY \$ YR/MO/WK
PREVIOUS EMPLOYER (IF LESS THAN 1 YEAR)	POSITION	IMMEDIATE SUPERVISOR	PHONE
CITY	STATE ZIP CODE	LENGTH OF EMPLOYMENT YRS MOS	GROSS SALARY \$ YR/MO/WK
SPOUSE'S PRESENT EMPLOYER	POSITION	IMMEDIATE SUPERVISOR	PHONE
CITY	STATE ZIP CODE	LENGTH OF EMPLOYMENT YRS MOS	GROSS SALARY \$ YR/MO/WK
SPOUSE'S PREVIOUS EMPLOYER (IF LESS THAN 1 YR)	POSITION	IMMEDIATE SUPERVISOR	PHONE
CITY	STATE ZIP CODE	LENGTH OF EMPLOYMENT YRS MOS	GROSS SALARY \$ YR/MO/WK
OTHER INCOME SOURCE(S)	AMOUNT YR/MO/WK	TOTAL COMBINED ANNUAL INCOME FROM ALL SOURCES	\$

EMPLOYMENT INFORMATION

WHERE DO YOU BANK?	ADDRESS	CHECKING/SAVINGS/LOAN ACCOUNT #			
CREDIT REFERENCES	CITY	STATE	TYPE OF ACCOUNT	MONTHLY PAYMENT	BALANCE
1				\$	\$
2				\$	\$

1) Prices subject to change without notice pending full lease execution.
 2) A reservation deposit in the amount of \$ _____ is hereby accepted. This deposit will be applied to your security deposit at the beginning of your tenancy. In addition, a non-refundable application fee of \$ _____ is hereby accepted to cover the expenses incurred in verifying the information furnished by the application. You have the right to make a written request within 30 days for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.
 3) Upon the signing of this application, payment of the deposit and subsequent approval of applicant(s) by landlord, applicant(s) request(s) that the type of rental unit described be removed from those units available for rental. Applicant(s) understand(s) that this application for rental, if approved, becomes part of the lease agreement, even in the event a lease is not signed. In the event Applicant changes his/her mind it is recognized that deposit placed to hold unit will be forfeited. _____
 4) I/We do hereby certify that I/We are above legal age and that the above information is true and correct to the best of my/our knowledge. I/We hereby authorized owner or agent to verify any and all information as may be deemed necessary for approval or rejection of this application. I/We understand that any lease agreement made on the basis of the above information may be terminated at any time at owner/agent's option if the information provided herein is found to be false.
 5) I/We do hereby certify and affirm that I have been authorized by my spouse to authorize and request Tomlin & Associates, LLC to investigate and obtain information relating to the credit of my spouse, for the purpose of seeking approval of certain rental applications to become tenants.
 6) I/We do hereby authorize Tomlin & Associates, LLC to make oral and/or written disclosures of my/our tenant records prior to, during, or subsequent to the landlord-tenant relationship to third parties who contact Management seeking verification of such information in the ordinary course of business for legitimate purpose as so determined by Management.

HOW DID YOU HEAR ABOUT US? _____ Newspaper? _____ Resident Referral? _____ Rental Guide? _____ Internet? _____ Other?
 _____ Drive By? _____ Employer? _____ Word of Mouth? _____

Are you Hearing Impaired? _____ Yes _____ No
 This is an optional question: however, by law we are required to provide visual response smoke detectors to all hearing impaired residents. Your response will in no way affect your application for rental with Tomlin & Associates, LLC.

SIGNATURE	SPOUSE'S SIGNATURE	DATE
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