

Member, Please Fax Toll Free to 1.877.543.8326

Response Time

Instant Query

Query Type

TECO Living History

Retail Credit File

Membership Number

Blue-Moon Members Do Not have access to Instant Queries

Normal Query

Ultimate TLC Report

NOTICE TO APPLICANT

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 narcotic's 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 have been instructed to contact us immediately upon discovery of any and all illegal activity.

ONE APPLICATION PER PERSON

Date of Application

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

To

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

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)

Name

Relationship

Phone No.

Name

Relationship

Phone 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)

Employment Continued

Previous Employer

Supervisor's Name

Address

City/State/Zip

Phone No.

Employed Since (Date)

Salary

Week

Month (Check One)

Other Income

Source of Income

Amount

Week

Month (Check One)

Source of Income

Amount

Week

Month (Check One)

Source of Income

Amount

Week

Month (Check One)

Bills Owed (Child Support, Car Payment, Charge Cards, etc)

Debt Type

Amount Owed

Payments

Week

Month (Check One)

Debt Type

Amount Owed

Payments

Week

Month (Check One)

Debt Type

Amount Owed

Payments

Week

Month (Check One)

Vehicles

Automobile Make & Model

Year

Color

License Plate Number

State

What Types of Pets do you own?

Have you ever been brought to Court by a Landlord?

Yes No

Has an Eviction ever been filed against you?

Yes No

Has a Landlord ever asked you to leave?

Yes No

Have you ever paid your rent late?

Yes No

Have you ever willfully or intentionally not paid rent?

Yes No

Have you ever broken your lease agreement?

Yes No

Have you ever filed for Bankruptcy?

Yes No

Have you ever had a Judgment filed against you?

Yes No

Have you ever been convicted of a crime?

Yes No

Are you currently serving Probation or Parole?

Yes No

If yes, describe the crime and circumstances in full below:

By Signing Below, You Authorize that: Credit reports may be obtained from any consumer reporting agency, verification of my rental history may be obtained from landlords, property management companies, or any other service or sources which could attest to my creditability, suitability and worthiness to rent housing accommodations. The following also warrants and represents that all statements contained herein are true and correct to their knowledge and belief. If any statement or writing contained herein is not true, or applicant chooses to withdraw this application for any reason, the deposit will be applied to rent or actual damages sustained by the owner, except that the deposit will be fully refunded if this application is not accepted by the owner for reasons other than listed above. In addition, if you are approved for a unit, you authorize the landlord/property manager/owner can report your name to the appropriate Consumer Credit Reporting Agency as the occupant of this unit. This application may also be released to any company, agency or service upon their request.

Legal Signature

Date

Photo Identification is Required & Mandatory at time of Application. Failure to provide Legal State Photo Identification Is Grounds For Rejection.

DO NOT WRITE BELOW THIS LINE

FOR USE BY LANDLORD / PROPERTY MGR / OWNER

Driver's License Information

Verification

Name _____

Address _____

City/State/Zip _____

DOB _____ Height _____ Weight _____

Hair Color _____ License No _____

State _____ Expiration _____

Driver's License or State ID

Current Landlord Acceptable Not Acceptable

Prior Landlord Acceptable Not Acceptable

Employment Acceptable Not Acceptable

Prior Employment Acceptable Not Acceptable

Application Fees Received: _____

Date Received: _____