

RENTAL APPLICATION (*Conventional Portfolio*)
(Each person over 18 and not a dependent must submit a separate application)
(Spouses may complete a joint application)

To be completed by Owner or Owner's Representative:

COMMUNITY NAME: _____
 APT. NO. ASSIGNED: _____ M-IN DATE: _____ LEASE TERM: _____
 STREET ADDRESS OF APT. NO. _____
 RENTAL RATE OFFERED: _____
 CONCESSION OFFERED: _____
 (if applicable)
 DATE COMPLETED APPLICATION RECEIVED: _____
 DATE APPLICANT NOTIFIED OF APPROVAL/DENIAL: _____ PROPERTY REP.: _____

GENERAL INFORMATION ON APPLICANT

 First Name Middle Initial Last Name Social Security Number

 Present Street Address City State Zip Telephone No.

 Date of Birth Drivers License No. and State OR Govt. Issued Photo ID No.
 Have you ever been known under any other names or aliases? Yes No
 If Yes, please list: _____
 List States resided in for the past 10 years from this application date: _____
 How did you hear about us? _____
 (If Locator Service, please list company and Agent's Name)

GENERAL INFORMATION ON SPOUSE

 First Name Middle Initial Last Name Social Security Number

 Present Street Address City State Zip Telephone No.

 Date of Birth Drivers License No. and State OR Govt. Issued Photo ID No.
 Have you ever been known under any other names or aliases? Yes No
 If Yes, please list: _____
 List States resided in for the past 10 years from this application date: _____

GENERAL INFORMATION ON ADULT DEPENDENT (if applicable)

 First Name Middle Initial Last Name Social Security Number

 Present Street Address City State Zip Telephone No.

 Date of Birth Drivers License No. and State OR Govt. Issued Photo ID No.
 List States resided in for the past 10 years from this application date: _____

EMPLOYMENT HISTORY ON APPLICANT

 Name of Present Employer

 Employer's Street Address City State Zip Telephone No.

 Position Held with Present Employer Gross Monthly Income Length of Employment

 Supervisor's Name Telephone Number

If current employment is less than 6 months, please complete previous employment.

 Name of Previous Employer

 Previous Employer's Street Address City State Zip Telephone No.

 Position Held with Previous Employer Gross Monthly Income Length of Employment

 Previous Supervisor's Name Telephone Number

EMPLOYMENT HISTORY ON SPOUSE

| | | | | |
|-------------------------------------|------|----------------------|----------------------|---------------|
| Name of Present Employer | | | | |
| Employer's Street Address | City | State | Zip | Telephone No. |
| Position Held with Present Employer | | Gross Monthly Income | Length of Employment | |
| Supervisor's Name | | Telephone Number | | |

If current employment is less than 6 months, please complete previous employment.

| | | | | |
|--------------------------------------|------|----------------------|----------------------|---------------|
| Name of Previous Employer | | | | |
| Employer's Street Address | City | State | Zip | Telephone No. |
| Position Held with Previous Employer | | Gross Monthly Income | Length of Employment | |
| Previous Supervisor's Name | | Telephone Number | | |

CREDIT HISTORY

| | | | |
|--|------------------------------|-----------------------------|-----|
| Bank Name | City | State | Zip |
| Do you have any other non-work income you want considered (alimony, child support, investments)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, please explain: _____ | | | |
| Have you or any other prospective residents ever owned a home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you have any past credit problems you want to explain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

RENTAL AND CRIMINAL HISTORY

List a minimum of 24 months of rental/mortgage history.

| | | | |
|---|---------------------|---------------|----------------|
| Name of Present Landlord | Monthly Rental Rate | Date Moved In | Date Moved Out |
| <i>(If Applicant and Applicant's Spouse are completing this Application, name all Landlords for both parties)</i> | | | |
| Street Address | City | State | Zip |
| Telephone Number of Present Landlord | | | |

| | | | |
|---|---------------------|---------------|----------------|
| Name of Previous Landlord | Monthly Rental Rate | Date Moved In | Date Moved Out |
| <i>(immediately prior to the Present Landlord)</i> | | | |
| <i>(If Applicant and Applicant's Spouse are completing this Application, name all Landlords for both parties)</i> | | | |
| Street Address | City | State | Zip |
| Telephone Number of Previous Landlord | | | |

Have you, your spouse any other prospective residents or occupants listed on this Application ever (check if applicable; you represent the answer is "No" to any item not checked below):

- | | |
|--|---|
| <input type="checkbox"/> been evicted or asked to move out? | <input type="checkbox"/> received deferred adjudication for either a felony, a sex related offense or a misdemeanor? If yes, please explain: _____ |
| <input type="checkbox"/> broken a rental agreement or lease contract? | |
| <input type="checkbox"/> been or are currently delinquent to a previous landlord? | |
| <input type="checkbox"/> declared bankruptcy; if so, when?: _____ | <input type="checkbox"/> been arrested for any crime which has not been fully adjudicated (by dismissal, acquittal, deferred adjudication or conviction)? If yes, please explain: _____ |
| <input type="checkbox"/> been convicted for either a felony, a sex-related offense or a misdemeanor? If yes, please explain: _____ | |

OTHER OCCUPANTS (list all persons not signing this Application who will be listed on the lease)

| | | | | |
|------------------------|-------------------------------|---------------------------|---------------------------|---------------|
| Name | Social Security Number | Relationship to Applicant | | |
| Present Street Address | City | State | Zip | Telephone No. |
| Date of Birth | Drivers License No. and State | OR | Govt. Issued Photo ID No. | |
| Name | Social Security Number | Relationship to Applicant | | |
| Present Street Address | City | State | Zip | Telephone No. |
| Date of Birth | Drivers License No. and State | OR | Govt. Issued Photo ID No. | |

| | | | | |
|------------------------|-------------------------------|-------|---------------------------|---------------------------|
| Name | Social Security Number | | Relationship to Applicant | |
| Present Street Address | City | State | Zip | Telephone No. |
| Date of Birth | Drivers License No. and State | | OR | Govt. Issued Photo ID No. |

ANIMALS

Do you or any other prospective resident or occupant have an animal? Yes No If so, please list:

| | | | | |
|------|-------|--------|-------|-----|
| Type | Breed | Weight | Color | Age |
| Type | Breed | Weight | Color | Age |

YOUR VEHICLE(S) If Applicant will be parking a vehicle on the property, please provide the following information:

| | | | | |
|---------------------------------------|-----------------|-------|------|-------------------------|
| Vehicle Type (car, motorcycle, truck) | Make of Vehicle | Model | Year | State/License Plate No. |
| Vehicle Type (car, motorcycle, truck) | Make of Vehicle | Model | Year | State/License Plate No. |
| Vehicle Type (car, motorcycle, truck) | Make of Vehicle | Model | Year | State/License Plate No. |

EMERGENCY In case of emergency, notify (preferably a relative over the age of 18 years):

| | | | | |
|------|--------------|---------|----------------|----------------|
| Name | Relationship | Address | Home Phone No. | Work Phone No. |
|------|--------------|---------|----------------|----------------|

In the event that the Applicant becomes a resident in Owner’s apartment community, Applicant’s execution of this Application shall authorize the Owner, in the event of the Applicant’s death to: (i) grant to the person designated above access to the Applicant’s unit at a reasonable time and in the presence of the Owner or the Owner’s agent; (ii) allow this person to remove any of the Applicant’s property or any other contents found in the Applicant’s unit or any of Applicant’s property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant’s security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

AUTHORIZATION: Applicant represents that all of the above information is true and complete and authorizes the verification of same and the performance of a credit check on Applicant as appropriate by all available means. *In the event that Applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application and the Application Deposit and Administrative Fee will be automatically forfeited by the Applicant.* Applicant further acknowledges that an investigative consumer report includes information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, of the Applicant may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person’s right under The Fair Credit Reporting Act. *Applicant hereby authorizes the Owner or the Owner’s Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner’s Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner’s Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant’s lease (to be executed after Application approval) or for any other permissible purpose.*

APPLICATION DEPOSIT AND NON-REFUNDABLE FEES:

Simultaneously with the execution of this Application, Applicant has paid:

| | | |
|---|----------|--------------------|
| Application Deposit (the “Application Deposit”) | \$ _____ | Check Number _____ |
| Non-Refundable Application Fee | \$ _____ | Check Number _____ |
| Non-Refundable Administrative Fee | \$ _____ | Check Number _____ |
| Total | \$ _____ | |

Applicant acknowledges that Owner’s acceptance of Applicant as a resident at the property is conditional upon: (i) Owner’s approval of this Application; and (ii) receipt of an executed Apartment Lease Agreement from Applicant. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.

The Application Deposit is not considered a security deposit under this Application or applicable law. The Application Deposit will either be: (i) credited to the required security deposit pursuant to an Apartment Lease Agreement executed by Applicant; (ii) refunded to Applicant as provided herein; or (iii) retained by Owner as liquidated damages as provided herein.

Application Deposit Credited to Security Deposit

In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.

Application Deposit Refunded and Administrative Fee Returned

If this Application is denied, the Application Deposit and Administrative Fee will be refunded to Applicant.

Application Deposit and Administrative Fee Retained by Owner

Owner shall be entitled to retain the Application Deposit and Administrative Fee as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing this Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within this Application. For the purposes of this provision, if the Applicant is required to pay an additional Application Deposit in order to qualify for occupancy, the Application shall be deemed conditionally accepted prior to the payment of such additional Application Deposit and the failure to pay the additional Application Deposit will entitle Owner to retain the originally paid Application Deposit, even if the Application is subsequently rejected by the Applicant's failure to pay the required additional Application Deposit.

Applicant acknowledges that Owner's standard Lease which Applicant will be asked to sign provides that, after the initial term of the Lease, the Lease will automatically continue on a month-to-month basis until terminated by either party giving at least sixty (60) days prior written notice of termination to the other, whether such termination date is to be on the date of the expiration of the initial term or any renewal term thereafter. Applicant further acknowledges that Owner's standard Lease provides that the resident will have the right, in the resident's sole discretion, to terminate the Lease prior to the expiration of the initial or renewal term by following certain procedures, which will include paying a Cancellation Payment in an amount specified in the Cancellation Option contained in the Lease and signing a Cancellation Agreement. Applicant is encouraged to review Owner's standard Lease, as well as the State Addendum to the Lease for the state in which the property is located, prior to signing and to ask any questions Applicant may have regarding any Lease provisions. Owner's standard Lease, and the State Addendum to the Lease for the state in which the property is located, can be found on the Owner's website at www.tcrestidential.com.

Dated effective on the date Owner or Owner's representative has received a completed Application from Applicant, as indicated above.

OWNER:

_____ APARTMENTS

Signature: _____

Name Printed: _____

Date: _____

APPLICANT:

Signature: _____

Name Printed: _____

Date: _____

Spouse's Signature: _____

Name Printed: _____

Date: _____