



TOP TIER PROPERTY MANAGEMENT

P.O. Box 360, Plainfield, IN 46168

p: 317-644-2243

e: ttpropertymgt@gmail.com

RENTAL APPLICATION

Property Address: _____ City: _____ Zip: _____

Approximate Move-In Date: _____ Monthly Rent: _____ Deposit: _____

Application Fee: \$50, please note this is non-refundable

PERSONAL INFORMATION

Applicant Name: _____ Phone: _____ Date of Birth: _____

Email: _____ Social Security #: _____ DL#: _____

Automobile: Make: _____ Model: _____ Year: _____ License Plate #: _____

Co-Applicant Name: _____ Phone: _____ Date of Birth: _____

Email: _____ Social Security #: _____ DL#: _____

Automobile: Make: _____ Model: _____ Year: _____ License Plate #: _____

List of Dependents: Name: _____ Relation: _____ Age: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENTIAL HISTORY

Current Address: _____ City: _____ Zip Code: _____

Month/Year Move In: _____ Reason for Leaving: _____ Rent: _____

Owner/Agent Name: _____ Phone: _____

Previous Address: _____ City: _____ Zip Code: _____

Month/Year Move In: _____ Reason for Leaving: _____ Rent: _____

Owner/Agent Name: _____ Phone: _____

EMPLOYMENT INFORMATION

Present Employer: _____ Supervisor Name: _____ Phone: _____

Date of Employment: _____ Position: _____ Gross Income: _____

Co-Applicant Present Employer: _____ Supervisor Name: _____ Phone: _____

Date of Employment: _____ Position: _____ Gross Income: _____

CREDIT HISTORY:

Have you filed for bankruptcy in the last 7 years?	YES	NO
Have you ever been convicted of a crime?	YES	NO
Have you ever been evicted?	YES	NO
Have you ever been sued?	YES	NO

Estimated Credit Score: _____

FOR REFERENCE:

Bank Name: _____ Type of Account: _____ Account #: _____

Personal Reference for Emergency: Name: _____ Phone: _____

Address: _____ Relationship: _____

PLEASE NOTE: NO ANIMALS SHALL OCCUPY THIS PROPERTY. THE TENANTS SHALL USE THE RENTER PROPERTY AS RESIDENCE ONLY. NO SMOKING IS ALLOWED INSIDE THE PREMISES. FURTHER INSTRUCTIONS WILL COME IN LEASE AGREEMENT.

APPLICANT SIGNATURE: _____ DATE: _____

CO APPLICANT SIGNATURE: _____ DATE: _____

BY SIGNING ABOVE, THE UNDERSIGNED INDIVIDUAL(S) WHO IS EITHER PRINCIPAL APPLICANT OR CO-APPLICANT PROVIDES WRITTEN INSTRUCTION AND AUTHORITY FOR TOP TIER BUSINESS SOLUTIONS, LLC AND ITS DBA TOP TIER PROPERTY MANAGEMENT TO REVIEW HIS/HER PERSONAL CREDIT PROFILE FROM THE NATIONAL CREDIT BUREAU. APPLICANT AND/OR CO-APPLICANT ALSO AUTHORIZE REVIEW OF BACKGROUND CHECK. SUCH AUTHORIZATION SHALL EXTEND TO OBTAINING A FULL CREDIT PROFILE IN CONSIDERING THE APPLICATION AND SUBSEQUENTLY FOR THE PURPOSES OF UPDATE, RENEWAL OR EXTENSION, ADDITIONAL CREDIT, AND REVIEWING OR COLLECTING THE RESULTING ACCOUNT. A PHOTO STATIC OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE VALID AS THIS ORIGINAL.

OFFICE USE ONLY, PLEASE DO NOT WRITE BELOW

VERIFICATION AND REMARKS:

Verified by: _____

Approved

Declined