

TRC Strategic Realty LLC

Formerly W.C. Company

931 W. Old Hickory Blvd.
Madison, TN 37115

Phone: (615) 227-7690

Fax: (615) 227-7695

Email: w.c.company.rentals@gmail.com

Mailing: P.O. Box 44

Goodlettsville, TN 37070

Website: www.wccompanyrentals.com

THIS IS TO ACKNOWLEDGE THAT I AM PAYING A **\$30.00 PER PERSON** APPLICATION FEE. IF MY APPLICATION IS TURNED DOWN FOR ANY REASON, THE FEE IS **NON-REFUNDABLE**.

- **MUST PRESENT PICTURE ID WHEN TURNING IN APPLICATION.**

APPLICANT SIGNATURE: _____

BUSINESS NAME: _____

DATE: _____

TELEPHONE NUMBER(S): _____

PROPERTY YOU ARE APPLYING FOR: _____

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APPLICATION

Anticipated length of occupancy: _____

Personal Information

1st Owner/ Principal: _____

Title: President CEO Vice President Other _____

Birth date: _____

Social Security No.: _____

Driver's License No.: _____

Telephone No.: _____

Email: _____

Home address: _____

2nd Owner/ Principal: _____

Title: President CEO Vice President Other _____

Birth date: _____

Social Security No.: _____

Driver's License No.: _____

Telephone No.: _____

Email: _____

Home address: _____

Business Information

Business Name: _____

Business Phone Number: _____ Business Email: _____

How long in Business? (provide dates): _____

Business Type: _____ (e.g. "pharmacy", "convenience store", etc.)

Type of Entity: LLC Corporation Partnership Other _____

State of incorporation: _____

Current Gross Revenue: _____

Business Rental History

Present Business Address: _____

How long at present: _____

How long was the Lease: _____

How much was your rent: \$_____ / per month

Name of Landlord: _____

Landlord phone no.: _____

Reason(s) for leaving: _____

Prior Business Address: _____

How Long at prior address: _____

How long was the Lease: _____

How much was your rent: \$_____ / per month

Name of Landlord: _____

Landlord phone no.: _____

Reason(s) for leaving: _____

Financial Information

1st Bank Name/Financial Institution: _____

Bank Address: _____

Bank Phone No.: _____

Bank Account No.: _____ Type: Checking Savings

2nd Bank Name/Financial Institution: _____

Bank Address: _____

Bank Phone No.: _____

Bank Account No.: _____ Type: Checking Savings

References

1st Credit Reference: _____

Address: _____

Phone No.: _____

Email: _____

Highest Amount Owed: _____

Purpose of Credit: _____

Account Opened/ Closed dates: _____

2nd Credit Reference: _____

Address: _____

Phone No.: _____

Email: _____

Highest Amount Owed: _____

Purpose of Credit: _____

Account Opened/ Closed dates: _____

Questions

Have you been turned over to collection? _____

If yes, please explain including dates: _____

Have you ever filed Bankruptcy? _____

If yes, please explain including dates: _____

Have you ever been evicted from any tenancy? _____

If yes, please explain including dates: _____

Have you ever willfully and intentionally refused to pay any rent when due? _____

If yes, please explain including dates: _____

Have you ever been arrested for drugs or any other alleged crimes? _____

If yes, please explain including dates: _____

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APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant(s) Name(s): _____

Current/Previous Address: _____

I/We authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any housing programs.

Information inquiries about: childcare expenses, citizenship, credit history, criminal activity, family composition, employment, income, pension, assets, federal or state assistance or benefits, handicapped assistance expenses, identity and marital status, medical expenses, social security numbers, residences, and rental history, etc.

Individuals or Organizations that may release information: banks and other Financial Institutions; Courts; Law Enforcement Agencies; Credit Bureaus; Employers, past or present; Landlords; Providers of: Alimony, Child Care, Handicapped Assistance, Medical Care; Pensions/Annuities; Schools and Colleges; US Social Security Administration; US Department of Immigration Affairs; Utility Companies; Welfare Agencies.

I/We agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand that my application may be denied.

Signature

Date

Signature

Date

I certify that the above-named individual(s) has read this document or that I have read it to him/her/them and that I have explained its contents and answered any questions to the best of my ability and that he/she/them understood the significance of this document at the time of signing.

Company Representative

Date