

# 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: [management@trcstrategicrealty.com](mailto:management@trcstrategicrealty.com)

Mailing: P.O. Box 44

Goodlettsville, TN 37070

Website: [www.trcstrategicrealty.com](http://www.trcstrategicrealty.com)

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THIS IS TO ACKNOWLEDGE THAT I AM PAYING A **\$30 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: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

PROPERTY YOU ARE APPLYING FOR: \_\_\_\_\_

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## APPLICATION

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Anticipated length of occupancy: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Current address: \_\_\_\_\_

Name of Co-Tenant: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Current address: \_\_\_\_\_

Other occupants:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

How long at present: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord phone no.: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Prior Address: \_\_\_\_\_

How Long at prior address: \_\_\_\_\_

Car Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tags: \_\_\_\_\_

Car Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tags: \_\_\_\_\_

## Occupation

Tenant:

Present Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Superior Contact: (email) \_\_\_\_\_ (phone) \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

Prior Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Superior Contact: (email) \_\_\_\_\_ (phone) \_\_\_\_\_  
Length of Employment: \_\_\_\_\_

Co-Tenant:

Present Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Superior Contact: (email) \_\_\_\_\_ (phone) \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

Prior Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Name and Title of Superior: \_\_\_\_\_  
Superior Contact: (email) \_\_\_\_\_ (phone) \_\_\_\_\_  
Length of Employment: \_\_\_\_\_

**References**

Credit Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Highest Amount Owed: \_\_\_\_\_  
Purpose of Credit: \_\_\_\_\_  
Account Opened/ Closed dates: \_\_\_\_\_

Personal References: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Length of Acquaintance: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Financial Information**

Tenant:  
Bank Name/Financial Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Bank Account No.: \_\_\_\_\_

Co-Tenant:  
Bank Name/Financial Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Bank Account No.: \_\_\_\_\_

**Questions**

Do you have any pet? \_\_\_\_\_  
If yes, please list the age, size, type, breed and whether your pet is spayed or neutered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or any other occupants ever been arrested for drugs or any other alleged crimes? \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_

**I/We declare the foregoing to be true under penalty of perjury.**

I/We agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above. We the undersigned, agree to pay monthly plus security deposit prior to moving in. I/We understand that a 10% late charge will be assessed if our rent is past due according to the Rules. My/Our deposit is refundable after we move, and our rented space has been inspected. I/We also understand that owner may inspect the space inside and out at any reasonable time without notice. Only the above listed persons are allowed to reside in the home. I/We also agree that the owner shall not be liable for damage or injury arising out of our occupancy of the space and agree to hold the owner harmless from any claims, suits, judgments, or attorney's fees arising out of such injury or damage. I/We understand that failure to provide full and accurate information may be cause for eviction. Tenant agrees to vacate house within 10 days written notice. I/We certify that the above information is true. I/We understand that all rent is NON-REFUNDABLE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## APPLIACION AUTHORIZATION FOR RELEASE OF INFORMATION

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Applicant(s) Name(s): \_\_\_\_\_

Current/Previous Address: \_\_\_\_\_

I 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 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