

# TRC MANAGEMENT COMMERCIAL APPLICATION

PROPERTY:	
<b>FULL</b> NAME OF INDIVIDUAL APPLYING:	
APPLICANT'S SOCIAL SECURITY NUMBER:	
APPLICANT'S BIRTH DATE:	
PRIMARY CONTACT #:	
SECONDARY CONTACT #:	
EMAIL ADDRESS:	
APPLICANT'S <b>FULL</b> HOME ADDRESS:	
DRIVER'S LICENSE # AND STATE:	
NAME OF BUSINESS ENTITY:	
BUSINESS FEIN/TAX ID NUMBER:	
BUSINESS WEBSITE ADDRESS:	
NAME(S) OF ALL PERSONS IN OWNERSHIP:	
CURRENT BUSINESS ADDRESS:	
CURRENT LANDLORD & TELEPHONE #:	
CURRENT EMPLOYER:	
DATES OF EMPLOYMENT:	
POSITION:	
SALARY:	
ADDITIONAL INCOME:	
SOURCE:	

**NOTICE AND AUTHORIZATION OF USE OF CONSUMER REPORTS FOR RENTAL PURPOSES**

As a condition of renting with \_\_\_\_\_ a consumer report and/or investigative consumer report may be obtained for rental purposes when evaluating your eligibility for commercial renting.

I, \_\_\_\_\_, hereby authorize TRC MANAGEMENT, LLC to obtain a consumer report and/or investigative consumer report on myself for the purpose of evaluating my eligibility for rental purposes.

I understand that such reports may include information bearing upon my credit worthiness, credit standing, character, general reputation, personal characteristics, and/or more mode of living. I further acknowledge that such information may be obtained through personal interviews with any person who has knowledge of such information.

I understand that I have the right to request the complete and accurate disclosure of the nature and scope of any investigative consumer report performed, and hereby acknowledge receipt of the federal trade commission’s summary of consumer rights enclosed herein.

I authorize and request every person, firm, company, corporation, governmental agency, court, college university, school district, or other education institution, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party compiling information for the purpose indicated herein.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_