Tim Rhodes Properties, LLC Shoals Commercial, LLC Rhodes Investments, LLC S & T Properties, LLC

210 E. Tennessee Street Florence, AL 35630

Phone: 256-764-3137 Email: trpinfo@calltrp.com

Thank you for choosing to complete an application for one of our companies.

Property Information:
All properties are non-smoking facilities
No pets are allowed
Renters insurance is encouraged, but not mandatory
One year lease is required

To process your application, we will need the following documents from you:

- Application Completed and Signed
- Valid Driver's License or Government Issued Photo I.D.
- Non-refundable \$30 Application Fee
- Proof of Income (2 most recent pay stubs or benefit documentation)
- Each individual over the age of 18 years old must complete an application

Application Process:

- A credit and background check will be conducted on all applicants.
- Your income must be 3 times the amount of rent in order to process the application.
- 2 years previous rental or ownership history must be submitted.
- 2 years employment history must be submitted.
- Incomplete applications (including documentation) will not be processed.
- Once application has been fully submitted, the process may take up to five (5) business days.
- You will be notified via phone or email as soon as your application has been processed.
- If your application is approved, you will be responsible for the security deposit when the lease is signed. This may be paid by check, money order or cashier's check.

Office Use Only:	App Fee Pd	Date Pd	Property		
Where did you hear al	oout the property? C	office Web	site Facebook	Other	
•				SS #:	
			PHONE:		
CITY:	ST	ATE	ZIP	D.O.B	
E-MAIL ADDRESS:					
PARENT OR ADDITIONAL CONTACT PERSON:			PI	HONE:	
ADDRESS:					
PRESENT LANDLORD:			PI	HONE:	
TYPE OF VEHICLE:			LICENSE PLATE #		
EMPLOYER:			PHONE:		
HOW LONG EMPLOYED: _	OW LONG EMPLOYED: POSITION:		SUPERVISOR:		
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS):			PHONE:		
MONTHLY TAKE HOME PA	AY:				
CO-TENANT/CO-SIGNER	i			SS#:	
ADDRESS:			PH	ONE:	
CITY:	STATI	Ξ	ZIP	D.O.B	
EMAIL ADDRESS:					
EMPLOYER:			PHONE:		
HOW LONG EMPLOYED: _	POSIT	TION:	SUPERVISOR:		
PREVIOUS EMPLOYER (IF	LESS THAN 2 YEARS): _			PHONE:	
MONTHLY TAKE HOME PA	AY:				
OTHER TENANTS or CHI	LDREN AG	E R	ELATIONSHIP	PHONE NUMBER	
LANDLORD REFERENCE	S (Must have at least one)			PHONE NUMBER	
I AUTHORIZE A CRED	IT AND BACKGROUN	ND CHECK AND	EMPLOYMENT VERIF	ICATION OF THE ABOVE APPLICATION	
DATE:		SIGNATUR	E:		
DATE:		SIGNATUR	SIGNATURE:		

Tim Rhodes Properties has my permission to obtain information from any and all previous landlords.					
Applicant #1 Signature	Date				
Applicant #2 Signature	Date				
FOR OFFICE USE ONLY					
Please answer the following questions regarding _Please email this completed form to trpinfo@callt 256-764-3137.	trp.com. If you have any questions, please call the office at				
Thank you,					
Office Staff Tim Rhodes Properties					
 Dates of Tenancy:					
Person Completing Form	Date				