

Rental Application for Residents and Occupants
Each co-resident and each occupant over 18 must submit a separate application
Spouses may submit a joint application

Date when filled out: _____

DEPOSIT NOT REFUNDABLE ----- NO PETS

ABOUT YOU Full name (exactly as on drivers license or govt. ID card): _____

Your street address (as shown on drivers license or govt. ID card): _____

Drivers license # and state _____
or govt. photo ID card #: _____

Former last names (married or maiden): _____

Social Security # _____
Birth date: _____ Height: _____ Weight: _____

Sex: _____ Eye Color: _____ Hair Color: _____

Marital Status:

single married divorced widowed separated

Are you a U.S. citizen: Yes No

Current home address (where you live now): _____

City/ State/ ZIP _____

Phone # (____) _____ Current monthly rent \$ _____

Name of apartments where you now live: _____

Current Owners or managers name _____

Their Phone # _____ Date moved in: _____

Why are you leaving you current residence? _____

Your previous home address: _____

City/State/Zip _____

Apartment name _____

Name of above owner or manager: _____

Their phone # _____ previous monthly rent \$ _____

YOUR WORK

Present Employer _____

Address: _____

City / State / Zip _____

Work Phone # _____

Position: _____

Gross monthly income is over: \$ _____

Date you began this job: _____

Supervisors name: _____ phone # _____

Previous employer: _____

Address: _____

City / State / Zip _____

Work Phone # _____

Position: _____

Gross monthly income was over: \$ _____

Date you began and ended this job: _____

Supervisors name: _____ phone # _____

CREDIT HISTORY

Bank Name _____

City / State / Zip _____

List major credit cards: _____

Other non-work income you want considered. _____

Please explain: _____

Have you or your spouse ever owned a home? yes no

Past credit problems you want to explain. (Use separate page)

YOUR RENTAL/CRIMIAL HISTORY

Have you, your spouse or any occupants listed in this

Application ever: been evicted or asked to move out?

broken a rental agreement? declared bankruptcy?

been sued for rent? been sued for property damage?

been charged, detained, or arrested for a felony or sex crime that

was resolved by conviction, probation, deterred adjudication, court-

ordered community supervision, or pretrial diversion? been

charged, detained, or arrested for a felony or sex-related crime that

has not been resolved by any method?

Please indicate the year, location and type of each felony and sex

crime other than those resolved by dismissal or acquittal. We may

need to discuss more facts before making a decision. *Yu represent*

the answer is "no" to any item not checked above.

YOUR SPOUSE Full Name _____

Former last names (married or maiden): _____

Spouse's Social Security # _____

Drivers license # and state _____

or govt. photo ID card #: _____

Birth date: _____ Height: _____ Weight: _____

Sex: _____ Eye Color: _____ Hair Color: _____

Are you a U.S. citizen: Yes No

Present Employer _____

Address: _____

City / State / Zip _____

Work Phone # _____ Position: _____

Gross monthly income was over: \$ _____

Date you began this job: _____

Supervisors name: _____ phone # _____

OTHER OCCUPANTS *Names of all persons under 18 and other adults*

That will occupy the unit without signing the lease.

Name: _____ Relationship: _____

Sex: M F D.L. or govt. ID card and state: _____

Birth date: _____ Social Security # : _____

Name: _____ Relationship: _____

Sex: M F D.L. or govt. ID card and state: _____

Birth date: _____ Social Security # : _____

Name: _____ Relationship: _____

Sex: M F D.L. or govt. ID card and state: _____

Birth date: _____ Social Security # : _____

YOUR VEHICLES *List all vehicles to be parked by you, your spouse,*

or any occupant. Including cars, trucks, motorcycles, trailers, ect.

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

OTHER INFORMATION

Will you or any occupant have an animal? yes no

Do you or any occupants smoke? yes no

How were you referred?

Internet Stopped by Rental publication

Rental agency or locator service name: _____

Friend (name) _____

Newspaper (name) _____

Other: _____

EMERGENCY Contact person over 18, not living with you

Name: _____

Address: _____

City / State / Zip _____

Work Phone # _____ Home Phone # _____

Relationship: _____

If you die or are seriously ill, missing or in jail or penitentiary

according to an affidavit (check one or more) the above person,

your spouse, or your parent or child, we may allow such

person(s) to enter you dwelling to remove all contents, as well as

your property in the mailbox, storerooms, and common areas. If

no box is checked, any of the above are authorized at our option.

If you are seriously ill or injured, you authorize us to call EMS or

send for an ambulance at your expense. We're not legally

obligated to do so.

AUTHORATION

I or we authorize (owners name) _____

to: (1) share the above information with owner's electric provider,

and (2) verify by all available means, the above, including reports

from consumer reporting agencies before, during, and after

tenancy on matters relating to my lease, and income history and

other information reported by employer(s) to any state

employment security agency (e.g. Texas Workforce Commission)

Work history information may be used only for this Rental

Application. Authority to obtain work history information expires

365 days from the date of this application.

Applicant's signature _____

Spouse's signature _____