



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: _____

ABOUT YOU Full name (exactly as on driver's license or govt. ID card) _____

Your street address (as shown on your driver's license or government ID card) _____

Driver's license # and state: _____
OR govt. photo ID card #: _____

Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye color: _____ Hair color: _____

Marital Status: single married divorced widowed separated

Are you a U.S. citizen? Yes No Do you or any occupant smoke? Yes No

Will you or any occupant have an animal? Yes No

Kind, weight, breed, age: _____

Current home address (where you now live): _____ Apt # _____

City / State / Zip: _____

Home / cell phone: _____ Current rent: \$ _____

Email address: _____

Name of apartment where you now live: _____

Current owner or manager's name: _____

Their phone: _____ Date moved in: _____

Why are you leaving your current residence? _____

Your previous home address: _____ Apt # _____

City / State / Zip: _____

Apartment name: _____

Name of above owner or manager: _____

Their phone: _____ Previous monthly rent: \$ _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK Present employer: _____

Address: _____

City / State / Zip: _____

Work phone: _____

Position: _____

Your gross monthly income is over: \$ _____

Date you began this job: _____

Supervisor's name and phone: _____

Previous employer: _____

Address: _____

City / State / Zip: _____

Work phone: _____

Position: _____

Your gross monthly income is over: \$ _____

Dates you began and ended this job: _____

Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY Your bank's name, city, state: _____

List major credit cards: _____

Other non-work income you want considered. Please explain: _____

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

YOUR SPOUSE Full Name: _____

Former last names (maiden and married): _____

Spouse's Social Security #: _____

Driver's License # and state: _____
OR govt. photo ID card #: _____

Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye color: _____ Hair color: _____

Are you a U.S. citizen? Yes No

Present employer: _____

Address: _____

City / State / Zip: _____

Work phone: _____

Position: _____

Date began job: _____ Gross monthly income is over: \$ _____

Supervisor's name and phone: _____

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____

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Sex: _____ DL or govt. ID card # and state: _____
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Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____

YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: _____
Year: _____ License #: _____ State: _____

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Year: _____ License #: _____ State: _____

Make and color of vehicle: _____
Year: _____ License #: _____ State: _____

WHY YOU RENTED HERE Were you referred? Yes No If yes, by whom: _____

Name of locator or rental agency: _____

Name of individual locator or agent: _____

Name of friend or other person: _____

Did you find us on your own? Yes No If yes, fill in information below:

On the internet Stopped by Newspaper (name): _____

Rental publication: _____

Other: _____

EMERGENCY Emergency contact person over 18, who will not be living with you:

Name: _____

Address: _____

City / State / Zip: _____

Work Phone: _____ Home Phone: _____

Relationship: _____

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of (check one or more) the above person, your spouse, or your parent or child, we may allow such persons(s) to enter your 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 an EMS or send for an ambulance at your expense. We're not legally obliged to do so.

YOUR RENTAL/CRIMINAL HISTORY *You must check if applicable. Have*

you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of a lease term without the owner's consent? 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, deferred 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 below 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. *You represent the answer is "no" to any item not checked above.*

AUTHORIZATION I or we authorize (*owner's 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 _____