

Date when filled out: \_\_\_\_\_

<p><b>ABOUT YOU</b></p> <p>Full Name (exactly as on driver's license or govt. ID card): _____</p> <p>Your street address (as shown on your driver's license or govt. ID card): _____</p> <p>Driver's license # and state: _____ OR govt. photo ID card #: _____</p> <p>Former last names (maiden and married): _____</p> <p>Your Social Security #: _____</p> <p>Birthdate: _____ Height: _____ Weight: _____</p> <p>Sex: _____ Eye color: _____ Hair color: _____</p> <p>Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> separated</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you or any occupant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you or any occupant have an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kind, weight, breed, age: _____</p> <hr/> <p>Current home address (where you now live): _____ Apt. # _____</p> <p>City/State/Zip _____</p> <p>Home/ cell phone: (____) _____ Current monthly rent: \$ _____</p> <p>Email address: _____</p> <p>Name of apartment where you now live: _____</p> <p>Current owner or manager's name: _____</p> <p>Their phone: _____ Date moved in: _____</p> <p>Why are you leaving your current residence? _____</p> <hr/> <p>Previous home address (most recent): _____ Apt. # _____</p> <p>City/State/Zip: _____</p> <p>Apartment name: _____</p> <p>Name of above owner or manager's name: _____</p> <p>Phone: (____) _____ Current monthly rent: \$ _____</p> <p>Date moved in: _____ Date moved out: _____</p>	<p><b>YOUR SPOUSE</b></p> <p>Full name: _____</p> <p>Former last names (maiden and married): _____</p> <p>Spouse's Social Security #: _____</p> <p>Driver's license # and state: _____ OR govt. photo ID card #: _____</p> <p>Birthdate: _____ Height: _____ Weight: _____</p> <p>Sex: _____ Eye color: _____ Hair color: _____</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Present employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work Phone: (____) _____</p> <p>Position: _____</p> <p>Date began job: _____ Gross monthly income is over: _____</p> <p>Supervisor's name and phone: _____</p> <hr/> <p><b>OTHER OCCUPANTS</b></p> <p><small>Names of all persons under 18 and other adults who will occupy unit without signing the lease. Continue on separate page if more than three.</small></p> <p>Name: _____ Relationship: _____</p> <p>Sex: _____ DL or govt. ID care #: _____</p> <p>Birthdate: _____ Social Security #: _____</p> <p>Name: _____ Relationship: _____</p> <p>Sex: _____ DL or govt. ID care #: _____</p> <p>Birthdate: _____ Social Security #: _____</p> <p>Name: _____ Relationship: _____</p> <p>Sex: _____ DL or govt. ID care #: _____</p> <p>Birthdate: _____ Social Security #: _____</p>
<p><b>YOUR WORK</b></p> <p>Present employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work Phone: (____) _____</p> <p>Position: _____</p> <p>Your gross monthly income is over: \$ _____</p> <p>Date you began this job: _____</p> <p>Supervisor's name and phone: _____</p> <hr/> <p>Previous employer (most recent): _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work Phone: (____) _____</p> <p>Position: _____</p> <p>Your gross monthly income is over: \$ _____</p> <p>Dates you began and ended this job: _____</p> <p>Previous supervisor's name and phone: _____</p>	<p><b>YOUR VEHICLES</b></p> <p><small>List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if more than two.</small></p> <p>Make and color of vehicle: _____</p> <p>Year: _____ License#: _____ State: _____</p> <p>Make and color of vehicle: _____</p> <p>Year: _____ License#: _____ State: _____</p> <p>Make and color of vehicle: _____</p> <p>Year: _____ License#: _____ State: _____</p> <hr/> <p><b>WHY YOU RENTED HERE</b></p> <p>Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> no <i>If Yes, by whom:</i></p> <p>Name of locator or rental agency: _____</p> <p>Name of individual locator or agent: _____</p> <p>Name of friend or other person: _____</p> <p>Did you find us on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes fill in the information below:</i></p> <p><input type="checkbox"/> On the Internet <input type="checkbox"/> Stopped by</p> <p><input type="checkbox"/> Newspaper (name): _____</p> <p><input type="checkbox"/> Rental Publication: _____</p> <p><input type="checkbox"/> Other: _____</p>

**YOUR CREDIT HISTORY**

Your bank's name, city, state:

\_\_\_\_\_

List all 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/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?  broken a rental agreement?  declared

bankruptcy?  been sued for rent?  been sued for property damage?  been

arrested for a felony or sex-related crime that was resolved by conviction, probation,

deferred adjudication, court-ordered community supervision, or pretrial diversion?

been arrested for a sex-related crime that has Not been resolved by any method?

Please indicate year, location and type of each felony and sex-related 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 that is not checked.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 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 person(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 to us to send for an ambulance at your expense. We're Not

legally obligated to do so.

**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 \_\_\_\_\_