

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.



Austin Apartment Association

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Previous supervisor's name and phone: Relationship: YOUR CREDIT HISTORY Your bank's name, city, state: If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more] Å the above person, Å your spouse, or Å 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 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. YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: Å been evicted or asked to move out? Å moved out of a dwelling before the end of the lease term without the owner's consent? Å declared bankruptcy? Å been sude for rent? Å been starged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? I or we authorize (owner's name) varrested for a felony or sex-related crime that has not been resolved by dismissal or acquittal. We may need to discuss more facts before unking a decision. You represent the answer is "no" to any item not checked above. I or we aud only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application. Applicant's signature		Work phone: () Home phone: ()		
an affidavit of [check one or more] Å the above person, Å your spouse, or Å 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 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. YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have you, you spouse, or any occupant listed in this Application ever: Å been sued for rent? Å been sued for rent? Å been sued 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 hose resolved by dismissal or acquittal. We may need to discuss more facts before, during and cision. You represent the answer is "no" to any item not checkedabove.	Previous supervisor's name and phone:			
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Other non work means you want considered. Prease explain.	List major credit cards:	all contents, as well as your property in the mailbox, storerooms, and common		
Past credit problems you want to explain. (Use separate page.) ambulance at your expense. We're not legally obligated to do so. YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: Â been evicted or asked to move out? Â moved out of a dwelling before the end of the lease term without the owner's consent? Â declared bankruptcy? Å been sued for rent? Â been sued for property damage? Å been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? 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 expires 365 days from the date of this Application. 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. Applicant's signature Applicant's signature	Other non-work income you want considered. Please explain:	areas. If no box is checked, any of the above are authorized at our option. If		
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