

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 #: _____
 Former last names (maiden and married): _____
 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): _____
 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: _____
 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: _____
 Gross monthly income was 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 RENTAL/CRIMINAL HISTORY Check only 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 the 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.

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

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 _____