

## **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

Date	when	filled	out:	

Forme last tanks in automa any sour during any provingent Data in         Forme last tanks in automa any sour during any provingent Data in           Diver's locate 4 and state:         Of group (batc) Data it         Diver (batca its it)           Diver's locate 4 and state:         Diver (batca its	ABOUT YOU Full name (exactly as on driver's license or govt. ID card)	YOUR SPOUSE Full name:		
Deriver's licence # and state:         OP open phono ID cord *		Former last names (maiden and married):		
Ditters faces + and state:         Off grow tphono D card +           Coll grow tphono D card +         Height         Weight           Your Social Secure         This reduct:         This reduct:           Work Social Secure         You ranker         This reduct:           Work Social Secure         You ranker         This reduct:           Work Social Secure         You ranker         This reduct:           Martis Statis: A single A marterial A throared A work at no         Your and the secure         This reduct:           Martis Statis: A single A marterial A throared A work at no         Your and the secure and phases:         Cross marterialy increme is nover 5	Your street address (as shown on your driver's license or government ID card):			
Of gorp tholo Dir of the important one matrix imp		Driver's license # and state:		
Ferme tatames funder and narried;         Sec:         Epe color:         Hair color:           Veru Social Sector Phile         Hair color:         Arr year a US, citters? A Yes & No           Sec:         By color:         Hair color:         Andress:           Mattal Status: A rangle A married A diversed A velocited A separated regions US, status: A rangle A married A diversed A velocited A separated regions US, status: A rangle A married A diversed A velocited A separated regions US, status: A rangle A married A diversed A velocited A separated regions under 18 and range a married A velocited A separated regions under 18 and range a married A velocited A separated regions under 18 and range a married A velocited A separated regions and plane:         Chry State / 2p.           Chry State / 2p.         Work planet (				
Your Social Security #		Birthdate: Height: Weight:		
Interlating         The gate:         Weights:           See:         Fyre order         Hater coder           Marinal Status:: A single A married A divected A velocited A				
Sec         By color         Hat color:           Arress         Arress           Cluy State 224         Arress           Cluy State 224         Cluy State 227           Cluy State 224         Cluy State 227           Cluy State 224         Cluy State 227           Cluy State 224         Cluy State 224           Format State 204         Cluy State 224           Format State 204         State 224           Format State 204         State 204				
Matrix State: A study & A marriel A lavored A walawed A separated were you a US distance? Yes As an over an average model by the A separated were you a US distance? A set A walawed A wa		Present employer:		
Are you II St. Ginzen A Yee A Ab. Ib you or any compare remote 2% yee A reference of the second se				
Kind, weight, breed, age:     Position:       Current toons address (where you now live):     Doe began job:     Gross monthly income is over: \$       City/Since/7ip:     Supervisor's name and phone:     Supervisor's name and phone:       Current toons address     Current roots igno: file ison: address (where you now live):     Position:       Name of apatternet where you now live:     Current roots root address     Name:     Relationship:       Start, Current roots root manager's name.     Name:     Relationship:       Their phone:		City/State/Zip:		
Current home address (where you mixe live):         Course nonliky income is over: \$           City/State/Zip:         Current remt: \$         OTHER OCCUPANTS         Name of all presses order 18 and other adalts dots will once its over: \$           Name of apartment where you mixe live:         Dirt begin plin:         Current owner of manager's name.         Belationship:           Ware or previous home address:         Dirt region:         Dirt region:         Belat oddress:         Social Security 1:           Ware you heaving your current residence?         Dirt region:         Bit rediate:         Social Security 2:           Your previous home address:         Social Security 2:         Bit rediate:         Social Security 2:           Name of apartment name:         Bit rediate:         Social Security 2:         Bit rediate:         Social Security 2:           Your previous home address:         Social Security 2:         Social Security 2:         Bit rediate:         Social Security 2:           Your previous home address:         Social Security 2:         Social Security 2:         Social Security 2:           Your previous home address:         Social Security 2:         Social Security 2:         Social Security 2:           Your previous home of the control or or orbits:         Social Security 2:         Social Security 2:         Social Security 2:           Your previous home of direco co	Will you or any occupant have an animal? $\hat{A}$ yes $\hat{A}$ no			
Current none shares (where you now nove)         Supervises's name and phone:           City/State/Zip:         OTHER OCCUPANTS         Names (a) phones:           Name of apartment where you now live:         Balandahue         Relationship:           Same of apartment where you now live:         Bath fullers:         Social Security 4:           Name of apartment where you now live:         Bath fuller:         Social Security 4:           Why are you leaving your current read-leave?         Bath fuller:         Social Security 4:           Your previous home address:         Social Security 4:         Name:         Relationship:           Your previous home address:         Social Security 4:         Name:         Relationship:           Your previous home address:         Social Security 4:         Name:         Relationship:           Your previous home address:         Social Security 4:         Name:         Relationship:           Your work of its:         Date you moved its:         Social Security 4:         Name:         Relationship:           Your work of its:         Date you moved its:         Name:         Relationship:         Name:         Relationship:           Your gross monthly income is over \$         Date you moved its:         Name:         Name:         Name:         Name:         Name:         Name:	Kind, weight, breed, age:	Position:		
City-State-/Zip:       State /Zip:         Home/cell plane:	Current home address (where you now live):			
Home /cell phone:		Supervisor's name and phone:		
Home (c)	City/State/Zip:	<b>OTHER OCCUPANTS</b> Names of all persons under 18 and other adults who will		
Email address				
Name of apartner twhere you now live:       Birthdate:       Social Security #:         Unrent owner or manage's mane:       Name:       Social Security #:         Your previous home address:       Social Security #:       Social Security #:         Your previous home address:       Social Security #:       Social Security #:         Your previous home address:       Social Security #:       Social Security #:         Your previous home address:       Social Security #:       Social Security #:         Your previous more of manage's mane:       Previous more of manage's mane;       Name:       Relationship:         Your work in:       Date you moved out:       Your work in the manage's mane;       Name:       Social Security #:         Your work in:       Date you moved out:       Your work in:       Social Security #:       Social Security #:         Your work in:       Date you moved out:       Your work in:       Social Security #:       Social Security #:         Your work in:       Date you moved out:       Make and color of whicle:       Your:       Liense #:       Solie:         Your work in:       Date you moved out:       Year:       Liense #:       Solie:       Solie:         Your your goes on manage:       Name:       I Alerses:       Solie:       Solie:       Solie:       Solie:				
Current owner or manager's name:       Bottal acter()       Bottal acter()       Bottal acter()         Their phone:       Date moved in:       Social Security f:       Bottal acter()         Your previous home address:       Social Security f:       Name:       Bottal acter()         Your previous home address:       Social Security f:       Name:       Bottal acter()         Your previous home address:       Social Security f:       Name:       Bottal acte:       Social Security f:         City/State/Zip:       Apartment manager:       Previous monthly rent: 5       Name:       Social Security f:       Name:         YOUR WORK       Present employer:       Make and color of vehicle:       Yaar:       License f:       State:         Your gost hogen this job:       Date you moved out:       Yaar:       License f:       State:         Your gost hogen this job:       Date you moved in:       Name of indovid or othelic:       Name of indovid or othelic:         Your gost hogen this job:       Date you moved in:       Name of indovid or othelic:       Name of indovid or othelic:         Your gost hogen this job:       Date you moved in:       Name of indovid or othelic:       Name of indovid or othelic:         Your gost hogen this job:       Date you moved in:       Name of indovid or othelic:       Name of indovid or othelic:	Name of apartment where you now live:			
There priories         Due moved in the         See:				
With you revenue your current resource:       Birthelate:       Social Security #:         Your previous home address:				
Birthdate:				
Your previous home address:				
City/State/Zip:       Social Security #:         City/State/Zip:       YOUR VEINCES       List all valide source as presented by you, your spouse, et any excupants thackding cars, trucks, motorycles, trailers, etc.). Continue on spanza page 1 more than there.         Make and color of vehicle:       Year:       License #:       State:         Date you moved in:       Date you moved out:       Make and color of vehicle:       Year:       License #:       State:         YOUR WORK       Present employer:       Make and color of vehicle:       Year:       License #:       State:         YOUR work       Present employer:       Make and color of vehicle:       Year:       License #:       State:         Your gross monthly income is over: \$       Make and color of vehicle:       Year:       Year:       License #:       State:         Your gross monthly income is over: \$       Make and color of vehicle:       Year:       Year:       Name of individual locator or agent:         Your gross monthly income is over: \$       Make and phone:       Name of finded or after person:       Name of molividual locator or agent:       Name of molividual locator or agent:       Name of molividual locator or agent:       Name:       Nautrististis is of all spatial walividualore	Your previous home address:			
City/State/Zip				
Apartment name:       Inducting cirs: tradis, marceryles, tradies, etc.; Continue on space page it more han them.         Name of above owner or manager:       Make and color of whicle:         Their phone:       Previous monthly rent: \$         Date you moved in:       Date you moved out:         Your:       License I:         State:       Make and color of whicle:         'Your:       License I:         City/State/Zip:       Wark phone:         Work phone:	City/State/7in	Birthdate: Social Security #:		
Name of above owner or manager:       Make and color of velicle:       Year:       License #:       State:         Their phone:       Date you moved out:       Make and color of velicle:       Year:       License #:       State:         YOUR WORK       Present employer:       Make and color of velicle:       Make and color of velicle:       Make and color of velicle:         YOUR WORK       Present employer:       Make and color of velicle:       Make and color of velicle:       Make and color of velicle:         Your gross monthly income is over:       Date you began this job:       Name of lacividual locator or agent:       Name of alcividual locator or agent:         Your gross monthly income is over:       Date you began this job:       Date you began and phone:       A dornes:         City /State/Zlp:       A dornes:       A dornes:       A dornes:         Work phone:				
Their phone:       Previous monthly rent \$       Year:       License #:       State:         Date you moved in:       Date you moved out:       Year:       License #:       State:         YOUR WORK       Present emplayer:       Make and color of vehicle:       Make and color of vehicle:       Make and color of vehicle:         City/State/Zip:       Wark phone: (				
Date you moved in:       Date you moved out:       Make and color of vehicle:         YOUR WORK       Present employer:       Make and color of vehicle:         Address:       State:       State:         City/State/Zip:       Wir YOU RENTED HERE Were you referred? À Yes À No. If yes, by whom:         Work phone:       Name of findividual locator or reantal agency:         Position:       Name of findividual locator or regent:         Your gross monthly income is over: \$       Name of findividual locator or agent:         Date you began this job:       Supervisor's name and phone:         Supervisor's name and phone:       A on the Internet A Stopped by Å Newspaper (name):         Address:       A other:         City/State/Zip:       Kental publication:         Work phone:       Address:         City/State/Zip:       Kental publication:         Name:       Address:         City/State/Zip:       Kental publication:         VOUR CREDIT HISTORY       Your bank's name, city, state:         Ist major credit cards       City / state/ / spin-         Other non-work income you want to explain. (Use separate page.)       Your authorized to do so.         YOUR CREDIT HISTORY       Your bank's name, city, state:       If your dio or serial advencing on major in a jali or ponitentary according to marking or in a weed to do so.				
YOUR WORK       Present employer:       State:         Address:				
Note of vehicle:         Address:         City/State/Zip:         Wark phone: ()         Position:         Your gross monthly income is over: \$         Date you began this job:         Supervisor's name and phone:         Address:         City/State/Zip:         Wark you began this job:         Supervisor's name and phone:         Address:         City/State/Zip:         Wark phone: ()         Previous employer:         Address:         City/State/Zip:         Work phone: ()         Previous employer:         Address:         Gross monthly income was over: \$         Date you began and ended this job:         Previous supervisor's name and phone:         Healtonship:         YOUR CREDIT HISTORY         Your Borks van began and ended this job:         Previous supervisor's name and phone:         List major credit cards.         Other non-work income you want to explain. ( <i>Use separate page</i> )         Past credit problems you want to explain. ( <i>Use separate page</i> )         Your BORMEY of the above are authorized at our option. If you are seriously ill or information with owner's name)         Totthork now ore are adreal formationy? A been ader of a hole or are				
City/State/Zip:		Make and color of vehicle:		
Work phone:		Year:          State:		
Position:       Name of individual locator or agent:         Your gross monthly income is over: \$       Did you find us on your own?  Yes à No. If yes, fill in information below:         Xupervisor's name and phone:       A on the Internet  Stopped by  Newspaper (name):         Previous employer:       A Rental publication:         Address:       A Other:         City/State/Zip:       EMERGENCY         Work phone: (		<b>WHY YOU RENTED HERE</b> Were you referred?  Yes  No. <i>If yes, by whom:</i>		
Your gross monthly income is over: \$				
Date you began this job:       Supervisor's name and phone:       Name of inferior own? Å Yes Å No If yes, fill in information below:         Supervisor's name and phone:       A dorter:       Did you find us on your own? Å Yes Å No If yes, fill in information below:         Address:       A other:       A other:         City/State/Zlp:       A other:       Mine of inferior own? Kores Å No If yes, fill in information below:         Your kphone:       A other:       A other:         City/State/Zlp:       EMERGENCY       Emergency contact person over 18, who will not be living with you:         Name:       Address:       City/State/Zlp:         Dates you began and ended this job:       Name:       Address:         Previous supervisor's name and phone:       Relationship:       If you die or are seriously ill, missing, or in a jail or penitentiary according to a name or child, we may allow such person, A your spouse, or A your parent or child, we may allow such persons(s) to enter your dwelling to remove all check anor or more? A the above person, A your spouse, or any occupant listed in this Application ever: Å been evicted or adsel to do so.         Past credit problems you want to explain. (Use separate page.)       AUTHORIZATION       I or we authorize (owner's name)         Your spouse, or any occupant listed in this Application ever: Å been evicted or a diguidation, or arrest dis ad bone were sonsent? A been harged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Hese were adding ad after tenanacy		Name of individual locator or agent:		
Supervisor's name and phone:       A On the Internet A Stopped by A Newspaper (name):         Previous employer:       A Rental publication:         Address:       A Other:         City/State/Zip:       Emergency contact person over 18, who will not be living with you:         Work phone:       Memcgency         Previous supervisor's name and phone:       Emergency contact person over 18, who will not be living with you:         Name:       Address:         Gross monthly income was over: \$       City/State/Zip:         Dates you began and ended this job:       Work phone:         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 adfidavit of lehek one or more/A headove person. A your spouse, or A your property in the mailbox, storerooms, and common areas. If no box is cheked, any of the above ensons, and common areas. If no box is cheked, any of the above ensons, and common areas. If no box is cheked, any of the above ensons, and common areas. If no box is cheked, any of the above act or chegal babicate to a set or 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 legal's babicate to asset or a your spouse. Or any occupant listed in this Application ever: A been verted or a afled with diversion? A been charged, detained, or arrestel for a lefony or sex-related crime that has not been resolved by any method?         Please indicate blow the year, Location an		Name of friend or other person:		
Previous employer:       A         Address:       Address:         City/State/Zip:       A         Work phone: ()       Position:         Gross monthly income was over: \$       Address:         Previous supervisor's name and phone:       Address:         YOUR CREDIT HISTORY       Your bank's name, city, state:         ILIS major credit cards:       Ilicontents, as well as your property in the mailbox, storercoms, and common areas. If no box is checked, any of the above person, A your spouse, or A your are seriously illor injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.         Past credit problems you want to explain. (Use separate page.)       AUTHORIZATION       I or we authorize (ormer's name)         YOUR RENTAL/CRIMINAL HISTORY       Check only if applicable. Have you, and to fee heave such or renot? A been swerf to report A decared bankrupt(?A been swerf a feelony or sex-related crime that has not been resolved by any method? A been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? been swerfs 'nom or 'no any item not checked abve.       AUTHORIZATION       I or we authorize (ormer's name)         Please indictate below the year, location and type of each felony or sex-related crime that has not been resolved by any item not checked abve.       Authorize and and fere tanancy on matter is signature         Work RENTAL/CRIMINAL HISTORY       A use heave information my bu used only for this Renal Application. Authority to obtain work hist		· · ·		
Address:          Â Other:         City/State/Zip: <b>EMERCENCY</b> <i>Emergency contact person over 18, who will not be living with you:</i> Position:          —          Gross monthly income was over: \$          —          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:          —          I ist major credit cards:          —           —          Other non-work income you want considered. Please explain:          —           —          YOUR RENTAL/CRIMINAL HISTORY       Check only if applicable. Have you, without the owner's consent?          Action of a ambulance at your expense. We're not legally obligated to do so.          YOUR RENTAL/CRIMINAL HISTORY       Check only if applicable. Have you, without the owner's consent? A declared bankruptor? A been subtractor entri? A been weitced or a sked to move out? A moved out of a dwelling before the end of the lease tern? A declared bankruptor? A been subtractor entri? A been charged, detained, or arrested for a felony or sex-related for in the has bo bee nresolved by oresex-rela				
City/State/Zip:       EMERGENCY       Emergency contact person over 18, who will not be living with you:         Work phone:				
Work phone: ()		Other:		
Work phone: ()	City/State/Zip:	<b>EMERGENCY</b> Emergency contact person over 18, who will not be living with you:		
Address:				
City/State/Zip:         Dates you began and ended this job:         Previous supervisor's name and phone:         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         Your spouse, or any occupant listed in this Application ever: A been evicted or areful diversion? A been eviced or arefore that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? A been charged, detained, or arrested for a felony or sex-related crime that has no been resolved by any med to discuss more facts before making a decision. You represent the answeris "no" to any item not checked above.				
Work phone: ()				
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:			
List major credit cards:	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		
List major credit cards:       Other non-work income you want considered. Please explain:       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: 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 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? Â been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by as sex crime othe han those resolved by dismissal or acquital. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.       I 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: Â been evicted or a felony or sex related barby and the rent? A been 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		an affidavit of <i>[check one or more]</i> 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		
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		
YOUR RENTAL/CRIMINAL HISTORY       Check only if applicable. Have you,       I or we authorize (owner's name)         your spouse, or any occupant listed in this Application ever: À been evicted or asked to move out? À moved out of a dwelling before the end of the lease term without the owner's consent? À declared bankruptcy? À been sued for rent? À been sued for property damage? À 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)         MUTHORIZATION       I or we authorize (owner's name)		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? Â been sued for rent? Â been sued for rent? Â been sued for a felony or sex related bankruptcy? Â 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.       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.	Past credit problems you want to explain. (Use separate page.)			
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? Â been sued for rent? Â been sued for property damage? Â 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 RENTAL/CRIMINAL HISTORY Check only if applicable Have you.	Tor we authorize (owner's name)		
without the owner's consent? Â declared bankruptcy? Â been sued for rent? Â been sued for property damage? Â 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? Â 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. <i>You represent the answer is "no" to any item not checked above.</i>	your spouse, or any occupant listed in this Application ever: Â been evicted or			
sued for property damage? Â 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? Â 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.		to: (1) share the above information with owner's electric provider, and (2) verify,		
ordered community supervision, or pretrial diversion? Â 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. 	sued for property damage? Â been charged, detained, or arrested for a felony or sex	by all available means, the above, including reports from consumer reporting		
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. 				
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.	arrested for a felony or sex-related crime that has not been resolved by any method?			
before making a decision. You represent the answer is "no" to any item not checked above. Applicant's signature	Please indicate below the year, location and type of each felony and sex crime other	information may be used only for this Rental Application. Authority to obtain		
Applicant's signature				
Spouse's signature				
		Spouse's signature		