

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 SPOUSE Full name:
	Former last names (maiden and married):
Your street address (as shown on your driver's license or government ID card):	Spouse's Social Security #:
Data SAMPLE ONLY—	Driver's license # and state:
Driver's license # and state:	OR govt. photo ID card #:
OR govt. photo ID card #:	Birthdate: Height: Weight:
Former last names (maiden and married):	Sex: Eye color: Hair color:
Your Social Security #: ACTUAL USE	Are you a U.S. citizen? ☐ Yes ☐ No
Birthdate: Height: Weight:	Present employer: Address:
Sex: Eye color: Hair color: Marital Status: □ single □ married □ divorced □ widowed □ separated	City/State/Zip:
Are you a U.S. citizen? Yes No Do you or any occupant smoke? yes no	Work phone: ()
Will you or any occupant have an animal? □ yes □ no	Position:
Kind, weight, breed, age:	Date began job: Gross monthly income is over: \$
	Supervisor's name and phone:
Current home address (where you now live):	NOTVAILD
	OTHER OCCUPANTS Names of all persons under 18 and other adults who will
City/State/Zip:	occupy the unit without signing the lease. Continue on separate page if more than three.
Home/cell phone: () Current rent: \$	Name: Relationship:
Email address:	Sex: DL or govt. ID card# and state:
Name of apartment where you now live:	Birthdate: Social Security #: Name: Relationship:
Current owner or manager's name:	Sex: DL or govt. ID card# and state:
Why are you leaving your current residence?	Birthdate:Social Security #:
with the you leaving your current residence.	Name: Relationship:
y : 1 11	Sex: DL or govt. ID card# and state:
Your previous home address:	Birthdate: Social Security #:
City/State/7in:	YOUR VEHICLES List all vehicles to be parked by you, your spouse, or any occupants
City/State/Zip:	(including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
Name of above owner or manager:	Make and color of vehicle:
Their phone: Previous monthly rent: \$	Year: License #: State:
Date you moved in: Date you moved out:	Make and color of vehicle:
Ţ	Year: License #: State:
VOLID WODY Drogent employers	
YOUR WORK Present employer:	Make and color of vehicle:
Address:	
Address:	Make and color of vehicle: State: State:
Address:	Make and color of vehicle:
Address:	Make and color of vehicle:
Address: City/State/Zip: Work phone: () Position:	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:
Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Tes No If yes, by whom: Name of locator or rental agency: Name of individual locator or agent:
Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$ Date you began this job:	Make and color of vehicle: State: State: State: State: No If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person:
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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 Your spouse, or any occupant listed in this Application ever: □ been evicted or	Make and color of vehicle: Year: License #: 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: Yes No If yes, fill in information below: 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
Address: City/State/Zip: Work phone:	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Tes Too 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 Too 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: More 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)
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 YOUR RENTAL/CRIMINAL HISTORY YOUR RENTAL/CRIMINAL HISTORY YOUR Green and 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-	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Tes To lifyes, 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 To 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
Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred?
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Address: City/State/Zip: Work phone: (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: □ Mame: 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
Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$	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: () 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

Contemplated Lease Contract Information To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental. The TAA Lease Contract to be used must be the latest version of (check one): \Box the Apartment Lease, \Box the Residential Lease, or \Box the Condominium/Townhome Lease, unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the contract will contain the following information: • Prorated rent for: ☐ first month or ☐ second month \$_ · Names of all residents who will sign Lease Contract _ • Monthly rental due date _ $\bullet \ \ Latecharges due if rent not paid on or before _$ ____; Daily late charge \$_ • Initial late charge \$___ Name of Owner/Lessor Property name and type of dwelling (bedrooms and baths) Returned-check charge \$ • Animal violation charges: Initial \$____ _; Daily \$_ Complete street address • \square Check if the dwelling is to be furnished; City/State/Zip • Utilities paid by owner (check all that apply): \Box electricity, \Box gas, \Box water, Names of all other occupants not signing Lease Contract (persons under age □ wastewater, □ trash, □ cable TV, □ master antenna; 18, relatives, friends, etc.) ___ • You will *(check one):* \square not buy insurance or \square buy insurance; Agreed reletting charge \$______ • Your move-out notice will terminate Lease Contract on (check one): Total number of residents and occupants : □ last day of month, or □ exact day designated in move-out notice; Our consent necessary for guests staying longer than _____ days; Beginning date and ending date of Lease Contract ___ · If dwelling unit is house or duplex, owner will be responsible under paragraph 26 of the Lease Contract for I lawn/plant maintenance, Number of days notice for termination ___ □ lawn/plant watering, □ picking up trash from grounds, □ lawn/ plant fertilization, 🗖 trash receptacles. If not checked, applicant will be Total security deposit \$ _; Animal deposit \$_ #of keys/access devices for ___unit, ___mailbox, ___other_ responsible. The applicant will be responsible for the first \$_ Total monthly rent for dwelling unit \$ of each repair. Rent to be paid at (check one) □ on-site manager's office or □ at Special provisions regarding parking, storage, etc. (see attached page, if **Application Agreement Lease Contract Information.** The Lease Contract contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will all application deposits as liquidated damages, and the parties will then have no further obligation to each other. $\textbf{Completed Application.} \ An \ Application \ will \ not \ be \ considered \ ``completed"$ be the current TAA Lease Contract noted above. Special information and and will not be processed until all of the following have been provided to us (unless checked):

a separate Application has been fully filled out and signed by you and each co-applicant;

an application deposit has been paid to us. If no item is checked, all are necessary conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above. Application Fee (nonrefundable). You have delivered to our representative a nonrefundable application fee in the amount indicated in paragraph 14 below, and this payment partially defrays the cost of administrative paperwork.

Application Deposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application for the Application to be considered completed.

Nonapproval in Seven Days. We will notify you whether you've been approved within seven days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within seven days after we have received a completed deposit in the amount indicated in paragraph 14. *The application deposit is not a security deposit.* However, it will be credited toward the required security Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval deposit when the Lease Contract has been signed by all parties; OR <mark>it will b</mark>e refunded under paragraph 10 if you are not approved; OR it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under until you receive actual notice of approval. **Refund after Nonapproval**. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within _____ days (not to exceed 30 days; 30 days if left blank) of such Approval When Lease Contract Is Signed in Advance. If you and all coapplicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are coapplicants) of our approval, sign the Lease Contract, and then credit the application disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.

Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day. deposit of all applicants toward the required security deposit.

Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, **Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants. **Keys or Access Devices.** We'll furnish keys and/or access devices only after:

(1) all parties have signed the contemplated Lease Contract and other rental and then credit the application deposit of all applicants toward the required security deposit. If You Fail to Sign Lease After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days documents; and (2) all applicable rents and security deposits have been paid in full. after we give you our approval in person or by telephone, or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement. Receipt. Application fee (nonrefundable): \$_ Application deposit (may or may not be refundable): \$ Administrative fee (refundable only if not approved): \$_ Total of above fees and application deposit: \$ If You Withdraw Before Approval. You and any co-applicants may not withdraw your Application or the application deposit. If, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that Total amount of money we've received to this date: \$
Signature. Our representative's signature is consent only to the above application agreement. It does not bind us to accept applicant or to sign the you've changed your mind about renting the dwelling unit, we'll be entitled to retain proposed Lease Contract. If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.) Phone: () Important medical information in emergency: _ Acknowledgment. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax signatures are legally binding. Right to Review the Lease. Before you submit an application or pay any application fee or security deposit, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after it is fully signed. Applicant's Signature: Date: Signature of Spouse: Date: Signature of Owner's Representative: _ Date: FOR OFFICE USE ONLY Apt. name or dwelling address (street, city): _ Unit # or type: Phone: (2. Person accepting application: _ Person processing application: _ Date that applicant or co-applicant was notified by \square telephone, \square letter, or \square in person of \square acceptance or \square nonacceptance: (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.) 4.

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

Name of owner's representative who notified above person(s):

5.