

Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATIONEach co-resident and each occupant over 18 must submit a separate Application.MER

Date when filled out: _

ABOUT YOU	
Full name (exactly as it appears on driver license or govt. ID ca	rd)
	Social Security #
	State
	State (if applicable)
	Cell phone
	Email address
Marital status 🗆 single 🗖 married U.S. citizen?	
l am applying for the apartment located at	
Is there another co-applicant? yes no	
Co-applicant name	Email
OTHER OCCUPANTS	
	Relationship
	Social Security #
	State
	State (if applicable)
	Relationship
	Social Security #
	State
Government ID #	State (if applicable)
Full name	Relationship
Birthdate	Social Security #
Driver license #	State
Government ID #	State (if applicable)
Full name	Relationship
	Social Security #
Driver license #	State
Government ID #	State (if applicable)
WHERE YOU LIVE	
Current home address (where you live now)	
City	Zip
Do you 🗖 rent or 🗖 own? Beginning date of residency:	Monthly payment \$
Apartment name	
Name of owner or manager	
Phone Reason for leaving	
Previous home address (most recent)	
	StateZip
	ToMonthly payment \$
YOUR WORK	
Current employer	
Address	
City	State Zip
Work phone Beginning date of e	mployment

YOUR WORK, continued		
Gross monthly income \$	Position	
Supervisor		Phone
		StateZip
Work phone	Dates: From	То
Gross monthly income \$	Position	
Supervisor		Phone
ADDITIONAL INCOME		
(Income must be verified to be consi	dered.)	
Туре	Source	Gross monthly amount \$
		Gross monthly amount \$
		0.000 monuni j unio uni 4
CREDIT HISTORY		
If applicable, please explain any past	credit problem:	
RENTAL AND CRIMINAL HISTORY		
Check only if applicable.	A 11	
Have you or any occupant listed in this . been evicted or asked to move out?	Application ever:	
 Deen evicted of asked to move out? moved out of a dwelling before the 	end of the lease term without the owne	r's consent?
□ declared bankruptcy?	end of the lease term without the owne	is consent.
been sued for rent?		
been sued for property damage?		
been convicted or received probatic	on (other than deferred adjudication) fo	r a felony or sex crime?
Please indicate below the year, location	n, and type of each felony or sex crime fo	or which you were convicted or received probation. We may need o" to any item not checked above.
to discuss more facts before making a c		to any item for checked above.
HOW DID YOU FIND US?		
Online search (website address)		
 Online search (website address) Referral from a person or locator? 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) _ Other EMERGENCY CONTACT 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other EMERGENCY CONTACT Emergency contact person over 18 v 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) _ Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name 	Name	Relationship
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address 	Name	Relationship
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City 	Name	Relationship Relationship StateZip
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone 	Name	Relationship StateZip hone
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone 	Name	Relationship StateZip hone
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or an an	Name	RelationshipZip StateZip honeI AddressI AddressI your spouse,
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, oryour parent or child, we may allo box, storerooms, and common areas. 	Name	Relationship StateZip hone I Address vit of (<i>check one or more</i>)
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, oryour parent or child, we may alloced 	Name	Relationship StateZip hone I Address vit of (<i>check one or more</i>)
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, oryour parent or child, we may allo box, storerooms, and common areas. 	Name	Relationship StateZip hone I Address vit of (<i>check one or more</i>)
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allow box, storerooms, and common areas, you authorize us to call EMS or send for the series of the se	Name	Relationship StateZip hone I Address vit of (<i>check one or more</i>)
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or or your parent or child, we may allo box, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated b 	Name	RelationshipZip StateZip hone I Address vit of (<i>check one or more</i>)
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send for YOUR VEHICLES (If applicable) List all vehicles owned or operated by Make 	Name	RelationshipZip StateZip hone I Address vit of (<i>check one or more</i>) 🗆 the above person, 🗆 your spouse, ng to remove all contents, as well as your property in the mail- e are authorized at our option. If you are seriously ill or injured, 're not legally obligated to do so.
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send for YOUR VEHICLES (If applicable) List all vehicles owned or operated by Make 	Name	Relationship StateZip hone I Address vit of (<i>check one or more</i>) 🗆 the above person, 🗆 your spouse, ing to remove all contents, as well as your property in the mail- e are authorized at our option. If you are seriously ill or injured, /'re not legally obligated to do so.
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated b Make Year 	Name	Relationship StateZip hone I Address vit of (<i>check one or more</i>) 🗆 the above person, 🗆 your spouse, ing to remove all contents, as well as your property in the mail- e are authorized at our option. If you are seriously ill or injured, /'re not legally obligated to do so.
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated b Make Make 	Name	RelationshipZip StateZip hone AddressI Address vit of (<i>check one or more</i>) 🗆 the above person, 🗆 your spouse, ing to remove all contents, as well as your property in the mail- e are authorized at our option. If you are seriously ill or injured, i're not legally obligated to do so.
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send for the series of th	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated be Make Year Make Make 	Name	Relationship Relationship StateZip hone Address Vit of (check one or more) □ the above person, □ your spouse, ng to remove all contents, as well as your property in the maile are authorized at our option. If you are seriously ill or injured, 're not legally obligated to do so. ars, trucks, motorcycles, trailers, etc.) Color State
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or your parent or child, we may allobox, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated be Make Year Make Make 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or or your parent or child, we may allo box, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated be Make Year Make Year 	Name	
 Online search (website address) Referral from a person or locator? Social media (please be specific) Other Other EMERGENCY CONTACT Emergency contact person over 18 v Name Address City Home Phone Work Phone If you die or are seriously ill, missing, o or your parent or child, we may allo box, storerooms, and common areas. you authorize us to call EMS or send f YOUR VEHICLES (If applicable) List all vehicles owned or operated b Make Year Make Year Make Year Make Year Make 	Name	

You may not have any animal in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.		
Kind	_Weight	
Breed	_Age	
Kind	_Weight	
Breed	_ Age	

Application Agreement

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease. In order to continue with this Application, you'll need to review the Application Agreement carefully and acknowledge that you accept the terms.

- 1. **Apartment Lease information.** The Lease contemplated by the parties will be the current TAA Lease. Special information and conditions must be explicitly noted on the Lease.
- 2. Approval when Lease is signed in advance. If you and all co-applicants have already signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease, and then credit the application deposit of all applicants toward the required security deposit.
- 3. **Approval when Lease isn't yet signed.** If you and all co-applicants have not signed the Lease 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 when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
- 4. If you fail to sign Lease after approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease within 3 days 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 your Application will be deemed withdrawn, and we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.
- 5. If you withdraw before approval. If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
- 6. **Approval/non-approval.** If we do not approve your Application within 7 days after the date we received a completed Application, your Application will be considered "disapproved." Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 7-day time period may be changed only by separate written agreement.
- 7. **Refund after non-approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. **Extension of deadlines.** If the deadline for approving or refunding under paragraphs 6 or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- 9. Keys or access devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease and other rental documents referred to in the Lease; and (2) all applicable rents and security deposits have been paid in full.
- 10. **Application submission.** Submission of an Application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease. Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding unit availability, unit characteristics, pricing or other questions, please call or visit our office.
- 11. 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-applicants is considered notice from all co-applicants.

Disclosures

- 1. Application fee (non-refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. Payment of the application fee does not guarantee that your Application will be accepted. The application fee offsets the cost of screening an applicant for acceptance.
- 2. Application deposit (may or may not be refundable). In addition to any application fees, you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit when the Lease has been signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement.
- **3. Fees due.** Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees:
 - A. Application fee (non-refundable): \$_____
 - B. Application deposit (may or may not be refundable) \$_
- 4. **Completed Application.** Your Application will not be considered "complete" and will not be processed until we receive the following documentation and fees:
 - A. Your completed Application;
 - B. Completed Applications for each co-applicant (if applicable);
 - C. Application fees for all applicants;
 - D. Application deposit.

Authorization and Acknowledgment

lauthorize Candlelight Park

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after residency on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this Application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Application. Authority to obtain work history information expires 365 days from the date of this Application.

YOUR ANIMALS

(if applicable)

lauthorize Candlelight Park

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-sufficient funds and dishonored payments. If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- 1. Applicant shall pay a charge of \$_____
- 2. We reserve the right to refer the matter for criminal prosecution.

Acknowledgment

for each returned payment; and

You declare that all your statements in this Application are true and complete. **Applicant's submission of this Application, including payment of any fees and deposits, is being done only after applicant has fully investigated, to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit. You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees 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, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. 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, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.**

Right to review the Lease. Before you submit an Application or pay any fees or deposits, you have the right to review the Application and Lease, 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 if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed.

Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding availability, unit characteristics or other questions, please call or visit our office.

This Application and the Lease are binding documents when signed. Before submitting an Application or signing a Lease, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties.

Date

FO	R OFFICE USE ONLY			
1.	Apt. name or dwelling address (<i>street, city</i>):	Unit # or type:		
2.	Person accepting application:	Phone:		
3.	Person processing application:	Phone:		
5.	Person processing application:	ays if by mail.)		
Additional comments:				
-				