

TEXAS APARTMENT ASSOCIATION

M E M B E R

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.

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Date when filled out: _

ABOUT YOU	YOUR SPOUSE
Full name (exactly as on driver's license or gov't ID card):	Full name:
	Former last names (maiden and married):
Your street address (as shown on your driver's license or gov't ID card):	Social Security #:
	Driver's license # and state:
Driver's license # and state:	<i>OR</i> gov't photo ID card #:
OR gov't photo ID card #:	Birthdate:
Former last names (maiden and married):	Ht.: Wt.: Sex: Eye color: Hair:
Social Security #: Birthdate:	Are you a U.S. citizen? ☐ Yes ☐ No
Ht.: Wt.: Sex: Eye color: Hair:	Current employer:
Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed ☐ separated	
	Address:
U.S. citizen? ☐ Yes ☐ No Do you or any occupant smoke? ☐ Yes ☐ No	City/State/Zip:
Will you or any occupant have an animal? ☐ Yes ☐ No	Work phone: () Cell phone: ()
Kind, weight, breed, age:	Position:
Current home address (where you now live):	E-mail address:
Apt.#	Date began job: Gross monthly income is over: \$
City/State/Zip:	Supervisor's name and phone:
Home/cell phone: () Current rent: \$	OTHER OCCUPANTS
E-mail address:	Names of all people who will occupy the unit without signing the lease. Continue
Apartment name:	on separate page if more than three.
Name of owner or manager:	Name: Relationship:
Their phone: Date moved in:	Sex: DL or gov't ID card# and state:
Why are you leaving your current residence?	Birthdate: Social Security #:
	Name: Relationship:
Provious home address (most recent)	Sex: DL or gov't ID card# and state:
Previous home address (most recent):	Birthdate: Social Security #:
Apt.#	Name: Relationship:
City/State/Zip:	Sex: DL or gov't ID card# and state:
Apartment name:	
Name of owner or manager:	Birthdate: Social Security #:
Their phone: Previous monthly rent: \$	YOUR VEHICLES
Date you moved in: Date you moved out:	List all vehicles (cars, trucks, motorcycles, trailers, etc.) owned or operated by you,
YOUR WORK	your spouse, or any occupant. Continue on separate page if more than three.
Comment annularies	1. Make, model, and color:
Current employer:	Year: License #: State:
Address:	2. Make, model, and color:
City/State/Zip:	
	Year: License #: State:
Work phone: ()	Year: License #: State:
	3. Make, model, and color:
Work phone: ()	3. Make, model, and color: State: State:
Work phone: ()	3. Make, model, and color:
Work phone: ()	3. Make, model, and color: Year: License #: State: WHY YOU WANT TO RENT HERE
Work phone: ()	3. Make, model, and color: Year: License #: State: State: WHY YOU WANT TO RENT HERE Were you referred? □ Yes □ No If yes, by whom?
Work phone: ()	3. Make, model, and color:
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Work phone: ()	3. Make, model, and color: Year: License #: State: WHY YOU WANT TO RENT HERE Were you referred?
Work phone: () Position: Your gross monthly income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer (most recent): 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/Zip: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page)	3. Make, model, and color: Year: License #: State: WHY YOU WANT TO RENT HERE Were you referred?
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Work phone: () Position:	3. Make, model, and color: Year: License #: State: WHY YOU WANT TO RENT 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: Internet site: Rental publication: Stopped by Newspaper: EMERGENCY Emergency contact person over 18 who will not be living with you: Name: Address: City/State/Zip: Work phone: York property in 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) Retama Village To: (1) share the information above by all available means, including reports from consumer-reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers to any state employment-security agency (e.g., Texas Workforce Commission). Work-history information may be used only for this Rental Appli-cation. Authority to obtain work-history information expires 365 days from the date of this application.

Contemplated Lease Contract Information

To be filled in only if the Lease Contract Is not signed by the resident or residents at the time of application for rental.

The TAA Lease Contract to be used must be the latest version of (check one): the Apartment Lease, the Residential Lease, or the Condominium/Townhome Lease, unless an earlier version is initiated by resident(s) and attached to this application. The blanks in the contract will contain the following information:

Names of all residents who will sign the Lease Contract	Late charges due if rent is not paid on or before 5 initial late charge \$ 5.00 Daily late charge \$ 1.00
	initial late charge \$ 5.00 Daily late charge \$ 1.00 Returned-check charge \$ 25.00
Name of owner or lessor Retama Village	Animai-rules-violation charges: Initial \$ 100.00 Daily 5 10.00
	 The dwelling is to be ☐ furnished OR ■ unfurnished.
	 Utilities paid by owner (check all that apply): □ electricity, □ gas, ₩ water,
Property name and type of dweiling (bedrooms and baths) Retama ***Table 1.1.** **Table	of wastewater, 因 trash/recycling, 口 cable/satellite, 口 master antenna,
Village Complete street address 900 N. 26th Street	□ internet, □ stormwater/drainage, □ other - Utility-connection charge 5
City/State/Zip McAllen, TX 78501	You are (check one): □ required to buy insurance, ■ not required to buy insurance.
Names of all other occupants not signing Lease Contract (persons under age 18,	Agreed reletting charge \$
relatives, friends, etc.)	Security-deposit refund check will be by (check ene):
	one check jointly payable to all residents (default), OR
Total number of residents and occupants	□ one check payable and mailed to
Our consent is necessary for guests staying longer than 3 days	Your move-out notice will terminate Lease Contract on (check ene): The day of the provide OR II and the day of the contract of the provide OR II and the contract of the provide O
Beginning date and ending dates of Lease Contract	■ last day of the month, OR □ exact day designated in your move-out notice.
Number of desired a standard and a second an	• If the dwelling unit is a house or duplex, owner will be responsible under para-
Number of days' notice for termination 30 Total requirity deposit \$	graph 12.2 of the Lease Contract for □ lawn/plant maintenance, □ lawn/plant watering, □ lawn/plant fertilization,
Total security deposit \$ Animal deposit \$ # of keys/access devices for _1 unit, _1 mallbox, other	□ picking up trash from grounds, □ trash receptacles.
Total monthly rent for dwelling unit \$	You will be responsible for anything not checked here.
Rent to be paid: ■ at the onsite manager's office, □ through our online payment	You will be responsible for the first \$ of each repair.
site. OR 🗆 at	· Special provisions regarding parking, storage, etc. (see attached page, if neces-
Prorated rent for: □ first month OR S second month	sary):
Application	Agreement
Lease Contract information. The Lease Contract contemplated by the parties	retain all application deposits as liquidated damages, and the parties will then
is attached—or, if no Lease Contract is attached, the Lease Contract will be the	have no further obligation to each other.
current TAA Lease Contract noted above. Special information and conditions	8. Completed Application. An application will not be considered completed and
must be explicitly noted an an attached Lease Contract or in the Contemplated	will not be processed until all of the following have been provided to us (unless
Lease information above.	nat checked): Ma separate application has been fully filled out and signed by
2. Application Fee (may or may not be refundable). You have delivered to	you and each co-applicant; □ an application fee has been paid to us; □ an ap-
our representative an application fee in the amount indicated in paragraph 14	plication deposit has been paid to us. If no item is checked, all are necessary for the application to be considered completed.
below, and this payment partially defrays the cost of administrative paperwork. 3. Application Deposit (may or may not be refundable). In addition to any ap-	9. Nonapproval in Seven Days. We will notify you whether you've been ap-
plication fee, you have delivered to our representative an application deposit	proved within seven days after the date we receive a completed application.
in the amount indicated in paragraph 14. The application deposit is not a secu-	Your application will be considered disapproved if we fail to notify you of your
rity deposit, but it will be credited toward the required security deposit when	approval within seven days after we have received a completed application.
the Lease Contract has been signed by all parties; OR it will be refunded under	Notification may be in person, by mall, or by telephone unless you have speci-
paragraph 10 if you are not approved; OR it will be retained by us as liquidated damages if you fail to sign er attempt to withdraw under paragraph 6 er 7, if you	fied that notification be by mail. You must not assume approval until you re- ceive actual notice of approval.
fail to answer any questien, or if you give false information.	10. Refund After Nenapproval. If you or any co-applicant is disapproved or
4. Approvai When Leasa Centract is Signed in Advance. if you and all	deemed disapproved under paragraph 9, we'll refund all application deposits
co-applicants have already signed the Lease Contract when we appreve	required by law to be refunded withindays (nat to exceed 30 days; 30
your application, our representative will notify you (or one of you if there are	days if left blank) of such disapproval. Refund checks may be made payable to
co-applicants) of our approval, sign the Lease Contract, and then credit the ap-	all co-applicants and mailed to one applicant.
plication deposit of all applicams toward the required security deposit. 5. Approval Whon Lease Contract Isn't Yat Signed. If you and all co-applicants	11. Extension of Dead() nas. If the deadline for signing, approving, or refunding
have not signed the Lease Contract when we approve your application, our	under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal hol- iday, the deadline will be extended to the end of the next business day.
representative will notify you (or one of you if there are co-applicants) of the	12. Natice to ar from Co-applicants. Any notice we give you or your co-appli-
approval, sign the Lease Contract when you and all co-applicants have signed,	cant is considered notice to all co-applicants; and any notice from you or your
and then credit the application deposit of all applicants toward the required	co-applicant is considered notice from all co-applicants.
security deposit.	13. Keys or Access Devices. We'll furnish keys and access devices only after: (1) all
If You Fail to Sign Leaso After Approval. Unless we authorize etherwise in writing, you and all co-applicants must sign the Lease Contract within three	parties have signed the contemplated Lease Contract and other rental docu- ments; and (2) all applicable rents and security deposits have been paid in full.
days after we give you our approval in person, by telephone, or by email, or	14. Recaipt. Application fee (may or may not be refundable): \$
within five days after we mail you our approval. If you or any co-applicant falls	Application deposit (may or may not be refundable): \$
to sign as required, we may keep the application deposit as liquidated damages	Administrative fee (refundable only if not approved):\$
	Total of above fees and application deposit:
and terminate all further obligations under this agreement.	
7. If You Withdraw Befere Approval. You and any co-applicants may not with-	Total amount of money we've received to this date:\$
If You Withdraw Befere Approval. You and any co-applicants may not with- draw your application or the application deposit. If, before signing the Lease	15. Signature. Our representative's signature indicates our acceptance only of the
 If You Withdraw Befere Approval. You and any co-applicants may not with- draw your application or the application deposit. If, before signing the Lease Contract, you or any co-applicant withdraws an application or notifies us that 	15. Signature. Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to approve your application
7. If You Withdraw Befere 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 you've changed your mind about reming the dwelling unit, we'll be entitled to	15. Signature. Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to approve your application or to sign the proposed Lease Contract.
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Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Supplemental Information. The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

Date when filled out:	

ousehold Composition. List all							۸۵۵	C+	dent Status
Number of Persons 1 (Head of Household)	Full Name				Relationship		Age		☐ Part-time ☐ N/A
2									☐ Part-time ☐ N/A
3								☐ Full-time ①	□ Part-time □ N/A
4									☐ Part-time ☐ N/A
5									☐ Part-time ☐ N/A☐ Part-time ☐ N/A☐
pes anyone live with you now whou answered "Yes" to any question	o is not listed abo , please explain: _.			Does anyone plar					
re any of the household members nnual Income. List all income of a nder the age of 18).		Foster childr	en? 🗆	Yes □ No	Liv	/e-in attendant	:s? ☐ Yes □	□ No	
Gross Monthly Income Sou your household receives in			Applicant		Co-Applicant		Other Household Members		l Total
Salary	☐ Yes	□No	\$		\$		\$		\$
Overtime Pay	☐ Yes	□No	\$		\$		\$		\$
Commissions and Fees	☐ Yes	□No	\$		\$		\$		\$
Tips and Bonuses	☐ Yes	□No	\$		\$		\$		\$
Interest and/or Dividends	☐ Yes	□No	\$		\$		\$		\$
Net Income from Business	☐ Yes	□No	\$		\$		\$		\$
Net Rental Income	☐ Yes	□No	\$		\$		\$		\$
Social Security, Pensions, Retirement Funds, etc., Rec		□ No y	\$		\$		\$		\$
Support from Parents or Re	Relatives ☐ Yes ☐ No		\$		\$		\$		\$
Unemployment Benefits	☐ Yes	□No	\$		\$		\$		\$
Workers' Compensation, et	c. ☐ Yes	□No	\$		\$		\$		\$
Alimony	☐ Yes	□No	\$		\$		\$		\$
Sources of Child Support: Court-ordered (regardless it Voluntary payments Anticipated payments	☐ Yes	□ No □ No □ No	\$ \$ \$		\$ \$ \$		\$ \$ \$		\$ \$ \$
AFDC/TANF	☐ Yes	□No	\$		\$		\$		\$
Other: ☐ Yes ☐ No (explain)		\$		\$		\$		\$
ssets. List all assets of all adults a	nd persons in you	r household	l, inclu			ge of 18.		тоти	AL \$
Listing of All As	sets	Cash Va	lue	Annual Inter- Dividends or I from Asset	Rent	Name of Fin or Descr	ancial In iption of		Account Numbe
Checking Account(s)	☐ Yes ☐ No	\$		\$					
Savings Account(s)	□Yes □No	\$ \$ \$		\$ \$ \$					
Credit Union Account(s) Stocks, Bonds or Mutual Funds	☐Yes ☐No	\$		\$					
Mutual Funds Real Estate or Home	☐ Yes ☐ No			-					
IRA/Keough Account	☐ Yes ☐ No	\$		\$					
Retirement/Pension Fund	☐ Yes ☐ No	\$		\$					
Trust Fund	☐ Yes ☐ No	\$		\$					
Mortgage Note Held	☐ Yes ☐ No	\$		\$					
Whole Life Insurance Cash Value	□ Yes □ No	\$		\$					
Other: ☐ Yes ☐ No (explain)		\$		\$					
ertification. By signing this Supposes insenting to disclosure of income on have not disposed of any asset ecertification. If this form is bein	and financial info s for less than fair	ormation fro market valu	m you e in th	ır employer(s) and ne last two years p	d any f oreced	inancial instituing the date of	tions whe this appli	ere your asset cation.	ts are kept. You ce
on of the TAA Rental Application.	ع معدم اما احدوالاا	icacion and)	, ou lie	are changed emp	.oyiile	dainig tile p	ust year, y	ou must COH	ipicie ilie TOULW