

Date when filled out: _____

ABOUT YOU

Full name (exactly as on driver's license or gov't ID card):

Your street address (as shown on your driver's license or gov't ID card):

Driver's license # and state: _____
OR gov't photo ID card #: _____
Former last names (maiden and married): _____
Social Security #: _____ Birthdate: _____
Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____
Marital Status: ☐ single ☐ married ☐ divorced ☐ widowed ☐ separated
U.S. citizen? ☐ Yes ☐ No Do you or any occupant smoke? ☐ Yes ☐ No
Will you or any occupant have an animal? ☐ Yes ☐ No
Kind, weight, breed, age: _____

Current home address (where you now live):
_____ Apt. # _____
City/State/Zip: _____
Home/cell phone: (_____) _____ Current rent: \$ _____
E-mail address: _____
Apartment name: _____
Name of owner or manager: _____
Their phone: _____ Date moved in: _____
Why are you leaving your current residence? _____

Previous home address (most recent):
_____ Apt. # _____
City/State/Zip: _____
Apartment name: _____
Name of owner or manager: _____
Their phone: _____ Previous monthly rent: \$ _____
Date you moved in: _____ Date you moved out: _____

YOUR WORK

Current employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____
Position: _____
Your gross monthly income is over: \$ _____
Date you began this job: _____
Supervisor's name and phone: _____

Previous employer (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)

YOUR RENTAL/CRIMINAL HISTORY You must check if applicable.

Have you, your spouse, or any occupant listed in this application ever:
☐ been evicted or asked to move out?
☐ moved out of a dwelling before the end of the lease term without the owner's consent?
☐ declared bankruptcy?
☐ been sued for rent?
☐ been sued for property damage?
☐ been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?
☐ been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method?
Please indicate below the year, location, and type of each felony or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. _____

You represent that the answer to any item not checked above is "no."

YOUR SPOUSE

Full name: _____
Former last names (maiden and married): _____
Social Security #: _____
Driver's license # and state: _____
OR gov't photo ID card #: _____
Birthdate: _____
Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____
Are you a U.S. citizen? ☐ Yes ☐ No
Current employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Cell phone: (_____) _____
Position: _____
E-mail address: _____
Date began job: _____ Gross monthly income is over: \$ _____
Supervisor's name and phone: _____

OTHER OCCUPANTS

Names of all people who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____
Sex: _____ DL or gov't ID card# and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or gov't ID card# and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or gov't ID card# and state: _____
Birthdate: _____ Social Security #: _____

YOUR VEHICLES

List all vehicles (cars, trucks, motorcycles, trailers, etc.) owned or operated by you, your spouse, or any occupant. Continue on separate page if more than three.

1. Make, model, and color: _____
Year: _____ License #: _____ State: _____
2. Make, model, and color: _____
Year: _____ License #: _____ State: _____
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: _____ ☐ Other: _____

EMERGENCY

Emergency contact person over 18 who will not be living with you:

Name: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Home phone: (_____) _____
Cell phone: (_____) _____ Relationship: _____
If you die or are seriously ill, missing, or incarcerated 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) Thomas Ninke Senior Village

to: (1) share the information above with the owner's electric provider; and (2) verify 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 Application. Authority to obtain work-history information expires 365 days from the date of this application.
Applicant's signature _____
Spouse's signature _____

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): [X] 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 _____
- Name of owner or lessor **Thomas Ninke Senior Village**
- Property name and type of dwelling (bedrooms and baths) _____
- Complete street address **1901 Iova Drive**
City/State/Zip **Victoria, TX 77901**
- Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) _____
- Total number of residents and occupants _____
- Our consent is necessary for guests staying longer than **3** days
- Beginning date and ending dates of Lease Contract _____
- Number of days' notice for termination **30**
- Total security deposit \$ _____ Animal deposit \$ **0.00**
- # of keys/access devices for **1** unit, **1** mailbox, **1** other **Gate**
- Total monthly rent for dwelling unit \$ _____
- Rent to be paid: [X] at the onsite manager's office, [] through our online payment site, **OR** [X] at **Night Drop**
- Prorated rent for: [] first month **OR** [] second month _____
- Late charges due if rent is not paid on or before **3**
- Initial late charge \$ **50.00** Daily late charge \$ **10.00**
- Returned-check charge \$ **35.00**
- Animal-rules-violation charges: Initial \$ **100.00** Daily \$ **10.00**
- The dwelling is to be [] furnished **OR** [X] unfurnished.
- Utilities paid by owner (check all that apply): [] electricity, [] gas, [X] water, [X] wastewater, [X] trash/recycling, [] cable/satellite, [] master antenna, [] Internet, [] stormwater/drainage, [] other _____
- Utility-connection charge \$ _____
- You are (check one): [] required to buy insurance, [X] not required to buy insurance.
- Agreed reletting charge \$ _____
- Security-deposit refund check will be by (check one): [] one check jointly payable to all residents (default), **OR** [] one check payable and mailed to _____
- Your move-out notice will terminate Lease Contract on (check one): [X] last day of the month, **OR** [] exact day designated in your move-out notice.
- If the dwelling unit is a house or duplex, owner will be responsible under paragraph 12.2 of the Lease Contract for [] lawn/plant maintenance, [] lawn/plant watering, [] lawn/plant fertilization, [] picking up trash from grounds, [] trash receptacles. You will be responsible for anything not checked here.
- You will be responsible for the first \$ _____ of each repair.
- Special provisions regarding parking, storage, etc. (see attached page, if necessary): _____

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 be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.
- Application Fee (may or may not be refundable).** You have delivered to our representative an 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 deposit in the amount indicated in paragraph 14. The application deposit is not a security deposit, but it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; **OR** it will be 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 paragraph 6 or 7, if you fail to answer any question, or if you give false information.
- Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application 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 your 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, 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 three days after we give you our approval in person, by telephone, or by email, or within five 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.
- 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 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.
- Completed Application.** An application will not be considered completed and will not be processed until all of the following have been provided to us (unless not checked): [] a separate application has been fully filled out and signed by you and each co-applicant; [] an application fee has been paid to us; [] an application deposit has been paid to us. If no item is checked, all are necessary 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 application. Notification may be in person, by mail, or by telephone unless you have specified that notification be by mail. You must not assume approval 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 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 business day.
- 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 access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- Receipt.** Application fee (may or may not be refundable): ..\$ _____
Application deposit (may or may not be refundable):\$ _____
Administrative fee (refundable only if not approved):\$ _____
Total of above fees and application deposit:\$ _____
Total amount of money we've received to this date:\$ _____
- 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.

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.)

Name: _____ 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 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, administrative 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 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 Contract, 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 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 a copy 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

1. Apt. name or dwelling address (street, city): **Thomas Ninke Senior Village**

Unit # or type: _____

2. Person accepting application: _____

Phone: (_____) _____

3. Person processing application: _____

Phone: (_____) _____

4. Date that the applicant or co-applicant was notified [] by telephone, [] by letter, or [] in person of [] acceptance or [] 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.)

5. Name of person or persons notified (if there are more than one applicant, at least one of them must be notified): _____

6. Name of owner's representative who notified the applicant: _____

Supplemental Rental Application for Units
Under Government Regulated
Affordable Housing Programs

Date when filled out: _____

1. **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.
2. **Employment Update.** Present employer: _____
Address: _____ City, State, ZIP: _____
Work Phone: _____ Position: _____
3. **Household Composition.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? ☐ Yes ☐ No. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No. If you answered “Yes” to any question, please explain: _____

Are any of the household members listed above: Foster children? ☐ Yes ☐ No Live-in attendants? ☐ Yes ☐ No

4. **Annual Income.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Gross Monthly Income Source: <i>Indicate whether anyone in your household receives income from the following</i>		Applicant	Co-Applicant	Other Household Members	Total
Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received Periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers’ Compensation, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Sources of Child Support: • Court-ordered (<i>regardless if paid</i>) • Voluntary payments • Anticipated payments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>explain</i>)		\$	\$	\$	\$
TOTAL \$					

5. **Assets.** List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ \$	\$ \$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ \$	\$ \$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>explain</i>)	\$	\$		

6. **Certification.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.
7. **Recertification.** If this form is being used for recertification and you have changed employment during the past year, you must complete the “Your Work” section of the TAA Rental Application.

Applicant

Co-Applicant

Date of Signing Application

Date of Signing Application
