



# Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATION  
MEMBER

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 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) River Bank 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 \_\_\_\_\_