



Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATION

Each co-resident and each occupant over 18 must submit a separate application.

Spouses may submit a joint application.

M E M B E R

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) Heights at Corral Apartments _____

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 _____