



Application for Residency

Part I. Household Composition - each applicant 18 years of age and older must complete a separate application

<u>Household Members</u> Full Name (first, middle initial and last)	<u>Student Status</u> PT=Part Time FT=Full Time N/A=Does not apply	<u>Relationship to Head</u> S=Spouse CH=Co Head C=Dependent Child F=Foster Adult or Child L=Live-In Aide	<u>Date of Birth</u>	<u>Social Security Number or ITN</u>	<u>Gender</u> M=Male F=Female
1.1					
1.2					
1.3					
1.4					
1.5					
1.6					
1.7					
1.8					
1.9					

1.10 **If there are minors in the household, do they live with you 50% or more of the time?** Yes No

1.11 If no, please explain:

1.12 **Were any of the household members a full-time student within the last calendar year?** Yes No

1.13 If yes, who:

1.14 **Are any of the household members listed above foster children/adults?** Yes No

1.15 If yes, who:

1.16 **Do you expect any changes in the household in the next 12 months, including unborn children?** Yes No

1.17 If yes, please describe the change: _____ When will change occur? _____

If adding a new household member, this person should be listed under Household Composition

Part 2. Rental and Residence History - must provide full two year history

2.1 **Current Address** Check one Rent Own Live with relatives Live with Friends

2.2 Street address/apt. #:

2.3 City, state and zip code: _____ Phone number: _____

2.4 Email address: _____ Driver's license/ID #: _____ State: _____

2.5 Landlord name: _____ Landlord phone number: _____

2.6 Date moved in: _____ Monthly rent/mortgage payment: \$ _____

2.7 **Previous Address** Check one Rent Own Live with relatives Live with Friends

2.8 Street address/apt. #:

2.9 City, state and zip code: _____

2.10 Landlord name: _____ Landlord phone number: _____

2.11 Date moved in: _____ Date moved out: _____

2.12 Monthly Rent or Mortgage Payment \$ _____ Were you evicted from this residence? Yes No

Part 3. Household Income - List all income you currently have, or expect to have income from the following in the next 12 months.

3.1 **Self-employment** (If yes, provide previous year tax return with all schedules) Yes No Monthly Gross \$ _____

3.2 Type of self-employment:

3.3 **Employment** with a third party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Yes No Monthly Gross \$ _____
If yes, complete the employment information in Part 3.24 below.

3.4 **Cash contributions or gifts** (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver) Yes No Monthly Gross \$ _____

Part 3. Household Income Continued



Payments in lieu of earnings (Unemployment benefits, worker's comp, disability, severance)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.6 Veteran's Administration, GI Bill or National Guard/military benefits/income	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.7 Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.8 Retirement benefits from Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.9 Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.10 Unearned income from family members age 17 or under (Social Security, trust fund disbursements, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.11 Disability or death benefits other than Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.12 Temporary Income (income from a temp job or income that will not continue)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.13 Pensions or retirement (other than Social Security i.e.: Teacher's Retirement, VA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.14 Public Assistance Income (TANF or AFDC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.15 Child Support/Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.16 Periodic payments from trusts, annuities, inheritance, insurance policies or lottery winnings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.17 If yes, list sources:			
3.18 Required minimum distributions (RMD) from annuities or IRAs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.19 If yes list sources:			
3.20 Income from real or personal property (net rental income)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.21 If yes, please describe:			
3.22 Other income not listed above	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Gross \$
3.23 If yes, please describe:			
Current Employment Information			
3.24 Name of employer:	Date job began:	Title:	
3.25 Employer's address:	City:	State:	Zip Code:
3.26 Employer's phone number:	Supervisor's name:		
3.27 Estimated total gross employment income per year: \$	Check one:	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
		Seasonal <input type="checkbox"/>	Temp <input type="checkbox"/>
3.28 Do you receive tips that are not reported to your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Monthly Gross \$
Current Second Job			
3.29 Name of employer:	Date job began:	Title:	
3.30 Employer's address:	City:	State:	Zip Code:
3.31 Employer's phone number:	Supervisor's name:		
3.32 Estimated total gross employment income per year: \$	Check one:	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
		Seasonal <input type="checkbox"/>	Temp <input type="checkbox"/>
3.33 Do you receive tips that are not reported to your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes: Monthly Gross \$
Part 4 - Previous Employment			
4.1 Name of previous employer:	Termination date:		
4.2 Phone number of previous employer:	Previous supervisor's name:		
4.3 Previous gross employment income:	Check one:	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
		Seasonal <input type="checkbox"/>	Temp <input type="checkbox"/>



Part 5 - Asset Information		
<i>*NOTE: When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you own a home and sold it today, how much cash would you have after you paid off the mortgage, the realtor etc.? That is the amount you should list in the "cash value" column. For additional assets or accounts, use a separate form.</i>		
List all assets you hold, including assets for dependents under the age of 18		
Checking account (s) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.1 Name of Bank	Cash Value of Asset	Asset Income (Interest /Dividends)
5.2 1) \$	\$	\$
5.3 Name of Bank	Cash Value of Asset	Asset Income (Interest /Dividends)
2) \$	\$	\$
Savings account (s) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4 Name of Bank	Cash Value of Asset	Asset Income (Interest /Dividends)
5.5 1) \$	\$	\$
5.6 Name of Bank	Cash Value of Asset	Asset Income (Interest /Dividends)
2) \$	\$	\$
Prepaid debit/payment card(s) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.7 Name of Bank	Cash Value of Asset	Asset Income (Interest /Dividends)
5.8 1) \$	\$	\$
5.9 Name of Bank	Cash Value of Asset	Asset Income (Interest /Dividends)
2) \$	\$	\$
Cash on hand or in a safe deposit box If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.10 Cash Value of Asset	Cash Value of Asset	
5.11 \$	\$	
Personal property that is being held as an investment (arts, coins, etc.) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.12 Investment type:	Cash Value of Asset	
5.13 \$	\$	
IRA/Lump Sum Pension/Keogh Account/401(k) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.14 Name of Financial Institution	Cash Value of Asset	Asset Income (Interest /Dividends)
5.15 1) \$	\$	\$
5.16 Name of Financial Institution	Cash Value of Asset	Asset Income (Interest /Dividends)
2) \$	\$	\$
Stocks, bonds, or Treasury Bills If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.17 Name of Financial Institution	Cash Value of Asset	Asset Income (Interest /Dividends)
5.18 1) \$	\$	\$
5.19 Name of Financial Institution	Cash Value of Asset	Asset Income (Interest /Dividends)
2) \$	\$	\$
Certificates of Deposit (CD) or Money Market Account(s) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.20 Name of Institution	Cash Value of Asset	Asset Income (Interest /Dividends)
5.21 1) \$	\$	\$
5.22 Name of Institution	Cash Value of Asset	Asset Income (Interest /Dividends)
2) \$	\$	\$
Revocable or irrevocable trust(s) (include amounts accessible to you) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.23 Trustee or bank name:	Cash Value of Asset	Type of trust:
5.24 \$	\$	
Have you disposed of assets (i.e. gave away money/assets/property) for less than the fair market value in the past 2 years? If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.25 Asset type:	Cash Value of Asset	Date disposed:
5.26 \$	\$	
Whole life insurance policy (exclude term policies) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.27 Name of Issuer:	Cash Value of Asset	
5.28 \$	\$	
Real estate (or hold a mortgage or Deed of Trust) If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.29 Asset type:	Cash Value of Asset	
5.30 \$	\$	
Have you owned a home in the last two years? If yes, complete information below:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.31 Is the home currently owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.32 If yes, is it being rented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Part 5. Asset Information Continued		

5.34 Is the home in the process of being sold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.35 If no longer owned, date it was sold:	Was it disposed of through bankruptcy or foreclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.36 Do you have assets other than those listed above? <i>If yes, complete information below:</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.37 Type of Asset:	Interest Rate/Dividends	Cash Value \$
Part 6. General Questions		
6.1 Is anyone in the household a veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.2 Name of veteran:		
Important information for former military service members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at https://veterans.portal.texas.gov.		
6.3 Do/will you have Public Housing Assistance/Rental Assistance/Section 8 Voucher? <i>If yes, complete information below:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.4 Name of Housing Authority providing the assistance:		
6.5 Have you or any member of your household ever been convicted of a felony or misdemeanor? <i>If yes, complete information below:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.6 Type of conviction and explanation:		
6.7 Have you or any member of your household ever been evicted, sued for rent or property damage, or left a dwelling before the end of the lease? <i>If yes, complete information below:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.8 Address you were evicted from, sued over or broke lease:	Date of action:	
Vehicle Information		
6.9 Model & Model Year:	Make and Color:	License Plate Number & State:
6.1 Model & Model Year:	Make and Color:	License Plate Number & State:
Pet Information		
6.12 Type and Breed:	Size and Color:	Name and Age:
6.13 Type and Breed:	Size and Color:	Name and Age:
Emergency Contact Information		
6.14 Emergency Contact Name:	Relationship:	Emergency Contact Phone Number:
6.15 Emergency Contact Address:	Email Address:	
<p>If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) <input type="checkbox"/> the above person, <input type="checkbox"/> your spouse, <input type="checkbox"/> 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 are not legally obligated to do so</p>		
APPLICATION AGREEMENT		
<p>1. 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. Special conditions must be explicitly noted on an attached Lease Contract or in the Contemplated lease information above.</p> <p>2. Application Fee (nonrefundable). You will deliver to our representative a nonrefundable application fee in the amount indicated in paragraph 14 below. This payment partially defrays the cost of administrative paperwork.</p> <p>3. Security Deposit (may or may not be refundable). In addition to any application fee, you will deliver to our representative a security deposit in the amount indicated in paragraph 14. 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.</p> <p>4. Approval When Lease Contract is Signed in Advance. If you and all co-applicants have already signed the Lease Contract 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 Contract and then credit the security deposit of all applicants.</p> <p>5. Approval When Lease Contract is not yet Signed. If you and all co-applicants have not signed the Lease Contract 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 Contract when you and all co-applicants have signed, and then credit the deposit of all applicants toward the security deposit.</p>		

6. 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 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, we may keep the deposit as liquidated damages, and terminate all further obligations under this Agreement.

7. If You Withdraw Before Approval. You and any co-applicants may not withdraw your Application or the 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 deposits as liquidated damages, and the parties will then have no further obligation to each other.

8. In consideration of (1) the additional time it takes to verify eligibility of Affordable Housing resident, and (2) management's taking the rental dwelling off the market during the verification process, management and applicant agree that the 7-day statutory rejection period is waived. Instead, applicant's completed application will be automatically rejected at the earlier of (1) the 10th day after date of application, or (2) the 7th day after management has received written replies from all employers, lenders, financial institutions, former spouses paying child support, educational institutions, government agencies and entities to whom inquiries are required to be made by law to qualify resident.

9. Completed Application. An Application will not be considered "completed" and will not be processed until all required supportive documentation, application fees, security deposits and any other required fee or information are received.

10. Refund After Non-approval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 8, we'll refund all deposits within ____ days (not to exceed 30 days; 30 days if left blank) or such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.

11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 8, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.

12. 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.

13. Keys or Access Devices. We'll furnish keys and/or 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.

14. Receipt. Application fee (nonrefundable) \$_____; Security deposit (may or may not be refundable) \$_____; Total of above fees and security deposit \$_____; Total amount of money we've received to this date \$_____.

15. Satisfactory Investigation. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

16. Age Certification and Submission of Applications. By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment unit have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment unit will sign the Lease at the time required by us.

17. Verification of Credit Information and Continuing Right to Review. You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the apartment unit to you. You understand that should you enter into the Lease for the apartment unit, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

18. Acknowledgement. By signing this Application, you certify that all information contained in this Application is true, correct and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. 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 signatures are legally binding.

19. Right to Review Lease. Before you submit an application or pay any application fee or security deposit, 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 an original of the Lease Contract after it is fully signed. Should you have any questions, please let us know and we will gladly answer them.

20. Special Provisions:

21. Signature. Our representative's signature below is consent only to the above application agreement. If does not bind us to accept applicant or to sign the proposed Lease Contract. By accepting the Deposit and the Application Fee from you, we are not obligated to approve this Application or rent the Apartment unit to you.

Applicant Signature _____

Date mm/dd/yy _____

Management Agent's Signature _____

Date mm/dd/yy _____

For Office Use Only

1. Apt. name or dwelling address (street, city): _____ Unit # or type: _____

2. Person accepting application: _____ Phone: _____

3. Person processing application: _____ Phone: _____

4. Date the applicant/co-applicant was notified (check one) ____ by telephone, ____ by letter, ____ by email, or ____ in person,

of ____ acceptance or ____ nonacceptance (date) _____.

(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 is more than one applicant, at least one of them must be notified): _____

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

Additional comments: _____

