



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 convicted or received probation for a felony or sex crime?
Please indicate below the year, location, and type of each felony or sex crime for which you were convicted or received probation. We may need to discuss more facts before making a decision. _____

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) _____
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 _____