



Information Needed for a Standard Rental Application

Each occupant over the age 18 must fill out and submit a separate application. Spouses may submit a joint application.

Date when filled out: _____

YOUR INFORMATION

Full name (as on driver's license or govt. ID card)
Your street address (as shown on your driver's license or govt. ID card):
Driver's license # and state:
OR govt. photo ID card #:
Former last names (maiden and married):
Your Social Security #:
Birthdate: Height: Weight:
Sex: Eye color: Hair color:
Marital Status: single married divorced widowed separated
Are you a U.S. citizen? Yes No
Current Address (where you now live):
City /State/Zip:
Phone:
Current monthly rent: \$
Name of apartment where you now live:
Current owner or manager's name:
Their phone: Date moved in:
Why are you leaving your current residence?
Your previous home address:
City/State/Zip:
Apartment name:
Name of above owner or manager:
Their Phone: Previous monthly rent: \$
Date you moved in: Date you moved out:

WORK HISTORY

Present 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:
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:
List major credit cards:
Other non-work income you want to considered. Please explain:
Have you or your spouse ever owned a home? Yes No
Past credit problems you want to explain. (Use separate page.)

YOUR RENTAL/CRIMINAL HISTORY Check only if applicable.

Have you, your spouse, or any occupant listed in this Application ever:
been evicted or asked to move out?
broken a rental agreement?
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 the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

YOUR SPOUSE

Full name: _____
Former last names (maiden and married): _____
Spouse's Social Security #: _____
Driver's license # and state: _____
OR govt. photo ID card #: _____
Birthdate: _____ Height: _____ Weight: _____
Sex: _____ Eye color: _____ Hair color: _____
Are you a U.S. citizen? Yes No
Present employer: _____
Address: _____
City/State/Zip: _____
Work phone: _____
Position: _____
Date began job: _____ Gross monthly income is over: \$ _____
Supervisor's name and phone: _____

OTHER OCCUPANTS

Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or govt. ID card # and state: _____
Birthdate: _____ Social Security #: _____

YOUR VEHICLES

List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: _____
Year: _____ License #: _____ State: _____
Make and color of vehicle: _____
Year: _____ License #: _____ State: _____
Make and color of vehicle: _____
Year: _____ License #: _____ State: _____

OTHER INFORMATION

Will you or any occupant have an animal? yes no
Kind, weight, breed, age: _____
Do you or any occupant smoke? yes no
How were you referred? ApartmentMatching.com

EMERGENCY

Emergency contact person over 18, who will not be living with you.
Name: _____
Address: _____
City/State/Zip: _____
Work phone: _____ Home phone: _____
Relationship: _____
If you die or are seriously ill, missing, or in a jail or penitentiary 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 above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) 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: _____