

Rental Application for Residents and Occupants

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

ABOUT YOU	
Full name (exactly as it appears on driver license or govt. ID card)	
Former name (if applicable)	
Gender Social Se	•
Driver license #	
Government ID #	
Home phone Cell phone	
Work phone Email address Marital status □ single □ married U.S. citizen? □ yes □ no	Do you or does any occupant smoke? ☐ yes ☐ no
Marital status □ single □ married U.S. citizen? □ yes □ no I am applying for the apartment located at	Do you or does any occupant smoke: 🗆 yes 🗀 no
Is there another co-applicant? ☐ yes ☐ no	
Co-applicant name	Fmail
Co-applicant name	
Co-applicant name	
Co-applicant name	_Email
OTHER OCCUPANTS	
Full name	Relationship
Birthdate Social Security #	
Driver license #	Style
Government ID #	State (if in plicable)
Full name	Region tho
Birthdateocial wurity #	
Driver license #	State
Government ID #	State (if applicable)
Full name	Relationship
Birthdate Social Security #	<u> </u>
Driver license #	State
Government ID #	State (if applicable)
Full name	Relationship
Full name	nelationship
Driver license #	State
Government ID #	State (if applicable)
	Relationship
Driver license #	State
	State (if applicable)
GOVERNMENT IN	State (ii application)
	Relationship
Birthdate Social Security #	
	State
V 11	State (if applicable)
WHERE YOU LIVE	
Current home address (where you live now)	
	eZip
	Monthly payment \$
Apartment name	
Name of swiner or manager	
Phone Reason for leaving	
Fill out if you have been at your current address for less than five years.	
Previous home address (most recent)	
CityState	
Do you 🗖 rent or 🗖 own? Dates: From To To	
Apartment name	
Name of owner or manager	
Phone Reason for leaving	
YOUR WORK	
YOUR WORK	
Current employer	
Address	
City State	
Work phone Beginning date of employment	·
Work phone beginning dute of employment	

YOUR WORK, continued			
Gross monthly income \$	Position		
Supervisor		P	hone
Fill out if you have been with your curren	t employer for less than five	e years.	
Previous employer (most recent)			
Address			
City		State	Zip
Work phone	Dates: From	To	
Gross monthly income \$	Position		
Supervisor		P	hone
ADDITIONAL INCOME			
(Income must be verified to be considered	.a.)		
		Gros	- and the community of
Type			ss monthly amount \$
Туре	Source	Gros	ss monthly amount \$
CREDIT HISTORY			
If applicable, please explain any past cred	it problem:		
l 			
		//	
RENTAL AND CRIMINAL HISTORY			
		X (//	
Check only if applicable.			
Have you or any occupant listed in this Appli been evicted or asked to move out?	cation ever:		(())
moved out of a dwelling before the end of	of the lease erm without the o	weer's consent?	
declared bankruptcy?		· (\(\lambda \)	
□ been sued for rent?	11/11	X	
been sued for property damage?been convicted or received probation for	any crimo or any crim	against magnet or propert	>
Please indicate below the year, location, an victed or received probation. We may be a	d type of each telony, sex crin to discuss more facts before m	ne, of any crime against perso raking a decision. You represe	ons or property for which you were con- nt the answer is "no" to any item not
checked above.	>>	H-H//	·
	′ -		
HOW DID YOU FIND US2		11	
HOW DID YOU FIND US?			
Online search (website audress)			
Online search (website address)	11 17/		
☐ Online search (website address)☐ Referral from a person or locator? Nam	11 17/		
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific)	11 17/		
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other			
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ EMERGENCY CONTACT Emergent Contact	tact person over 18 who wil	ll not be living with you:	
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ EMERGENCY CONTACT Name	tact person over 18 who wil	ll not be living with you:	
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Mame ☐ Name ☐ Address	test person over 18 who wil	Il not be living with you: Relationship	
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Contact	tact person over 18 who wil	Il not be living with you: Relationship State	Zip
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Contact	tact person over 18 who wil	Il not be living with you: Relationship State	
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Contact	tact person over 18 who wil	I l not be living with you: Relationship State	Zip
Online search (website audress) Referral from a person or locator? Nam Social media (please be specific) Other EMERGENCY CONTACT Emergent (co.) Name Address City Home Phone Work Phone	test person over 18 who will	Il not be living with you: Relationship State Eell Phone	Zip
Online search (website audress) Referral from a person or locator? Nam Social media (please be specific) Other EMERGENCY CONTACT Emergent (co.) Name Address City Home Phone Work Phone	test person over 18 who will	Il not be living with you: Relationship State Eell Phone	Zip
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other EMERGENCY CONTACT Emergent Coop Name Address City Home Phone	carcerated according to an auch person(s) to enter your do box is checked, any of the a	Inot be living with you: Relationship State Ell Phone Email Address ffidavit of (check one or more) welling to remove all conten	Zip Zip Jithe above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured,
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ Work Phone ☐ If you die of alle serious y III, missing, or incor ☐ you no allow subox, storeso ms, and common areas. If no you authorse his to call EMS or send for an you authorse his to call EMS or send for an or or an area.	carcerated according to an auch person(s) to enter your do box is checked, any of the a	Inot be living with you: Relationship State Ell Phone Email Address ffidavit of (check one or more) welling to remove all conten	Zip Zip Jithe above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured,
□ Online search (website audress) □ Referral from a person or locator? Nam □ Social media (please be specific) □ Other ■ EMERGENCY CONTACT Emergen (cool Name Address City Home Phone If you die of alle seriously III, missing, or incor □ you no alle in or entite, we may allow subox, store of missing, and common areas. If no	carcerated according to an auch person(s) to enter your do box is checked, any of the a	Inot be living with you: Relationship State Ell Phone Email Address ffidavit of (check one or more) welling to remove all conten	Zip Zip Jithe above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured,
□ Online search (website audress) □ Referral from a person or locator? Nam □ Social media (please be specific) □ Other EMERGENCY CONTACT Emergent (contact) Name Address City Home Phone If you one on an eserious yell, missing, or incorring you make the or child, we may allow subox, storesonms, and common areas. If no you and error estate is to call EMS or send for an YOUN VEHICLES (If applicable)	carcerated according to an at uch person(s) to enter your do box is checked, any of the an ambulance at your expense	Inot be living with you: Relationship State Tell Phone Email Address ffidavit of (check one or more) welling to remove all conten bove are authorized at our o	Zip Zip The above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so.
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ If you one of a serious yell, missing, or incor ☐ you no accept or will a, we may allow subox, storeyouns, and common areas. If no you and or east to call EMS or send for an YOUN VEHICLES ☐ (If applicable) ☐ List all vehicles owned or operated by your possible of the common of the common of the common or search or an your authorise is to call EMS or send for an your authorise is to call EMS or operated by your possible of the common	carcerated according to an act person over 18 who will be carcerated according to an act person (s) to enter your do box is checked, any of the an ambulance at your expense ou or any occupants (including our or one)	If not be living with you: Relationship State Tell Phone Email Address ffidavit of (check one or more) welling to remove all conten bove are authorized at our oe. We're not legally obligated	Zip
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ Work Phone ☐ If you one on an eseriously III, missing, or incor ☐ you hoalent or while, we may allow subox, storekolums, and common areas. If no you and or be as to call EMS or send for an YOUR VEHICLES (If applicable) ☐ List all vehicles owned or operated by you make	carcerated according to an auch person(s) to enter your do box is checked, any of the an ambulance at your expense	If not be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip In the above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so.
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ If you one of a serious yell, missing, or incor ☐ you no accept or will a, we may allow subox, storeyouns, and common areas. If no you and or east to call EMS or send for an YOUN VEHICLES ☐ (If applicable) ☐ List all vehicles owned or operated by your possible of the common of the common of the common or search or an your authorise is to call EMS or send for an your authorise is to call EMS or operated by your possible of the common	carcerated according to an auch person(s) to enter your do box is checked, any of the an ambulance at your expense	If not be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip In the above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so.
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ If you one of a serious yell, missing, or incor ☐ you no act or will a, we may allow subox, storeyouns, and common areas. If no you authorize us to call EMS or send for an YOUR VEHICLES ☐ (If applicable) ☐ List all vehicles owned or operated by your make ☐ Year	carcerated according to an acuch person(s) to enter your do box is checked, any of the an ambulance at your expense	Il not be living with you: Relationship State Ell Phone Email Address ffidavit of (check one or more) bove are authorized at our o e. We're not legally obligated	Zip
□ Online search (website audress) □ Referral from a person or locator? Nam □ Social media (please be specific) □ Other EMERGENCY CONTACT Emergent (contact) Name Address City Home Phone If you oie on any serious yell, missing, or incorring you patent or child, we may allow subox, storesooms, and common areas. If no you and entered is to call EMS or send for an You hather he is to call EMS or send for an You hather he is to call EMS or operated by you make You have less owned or operated by you make Year Make Make	carcerated according to an at ach person(s) to enter your do box is checked, any of the an ambulance at your expense we are more and the company occupants (including the company occupants). License #	Inot be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip The above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so. trailers, etc.) Color C
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ If you one of a serious yell, missing, or incor ☐ you no act or will a, we may allow subox, storeyouns, and common areas. If no you authorize us to call EMS or send for an YOUR VEHICLES ☐ (If applicable) ☐ List all vehicles owned or operated by your make ☐ Year	carcerated according to an at ach person(s) to enter your do box is checked, any of the an ambulance at your expense we are more and the company occupants (including the company occupants). License #	Inot be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip The above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so. trailers, etc.) Color C
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Heregent (and locate) Emergent (and locate) Name ☐ Address ☐ City ☐ Home Phone ☐ Work Phone ☐ If you die ot alse serious will, missing, or incor ☐ you nother or efficie, we may allow subox, storesowns, and common areas. If no you and error is to call EMS or send for an Your Vehicles owned or operated by you make ☐ Your Vehicles owned or operated by you make ☐ Year ☐ Make	carcerated according to an acuch person (s) to enter your do box is checked, any of the an ambulance at your expense when a manage of the analysis of the anal	If not be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip Zip Zip Zip Zip Zip St., as well as your property in the mailption. If you are seriously ill or injured, to do so.
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ If you die of the serious yell, missing, or incor ☐ you no den's refulle, we may allow subox, storeyouns, and common areas. If no you and horse its to call EMS or send for an YO. It VEHICLES ☐ (If applicable) ☐ List all vehicles owned or operated by your make ☐ Year ☐ Make ☐ Year ☐ Make ☐ Year ☐ Make ☐	carcerated according to an acuch person(s) to enter your do box is checked, any of the an ambulance at your expense word of the control of th	Inot be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip the above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so. trailers, etc. Color Color
☐ Online search (website audress) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ Work Phone ☐ If you die on the serious will, missing, or incor ☐ you hoalent or exilt, we may allow subox, storexowns, and common areas. If no you and or be a serious will EMS or send for an You which the asstocall EMS or send for an You which the asstocall EMS or operated by you make ☐ Year ☐ ☐ Ye	carcerated according to an acuch person(s) to enter your do box is checked, any of the an ambulance at your expense word of the control of th	Inot be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip Zip the above person, □ your spouse, ts, as well as your property in the mailption. If you are seriously ill or injured, to do so. trailers, etc. Color Color
☐ Online search (website address) ☐ Referral from a person or locator? Nam ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ If you die of the serious yell, missing, or incor ☐ you no den's refulle, we may allow subox, storeyouns, and common areas. If no you and horse its to call EMS or send for an YO. It VEHICLES ☐ (If applicable) ☐ List all vehicles owned or operated by your make ☐ Year ☐ Make ☐ Year ☐ Make ☐ Year ☐ Make ☐	carcerated according to an at uch person(s) to enter your do box is checked, any of the an ambulance at your expense when a model Model License # Model	Inot be living with you: Relationship State Ell Phone Email Address Iffidavit of (check one or more) welling to remove all conten bove are authorized at our o e. We're not legally obligated	Zip _

©2023 TEXAS APARTMENT ASSOCIATION, INC.

YOUR ANIMALS	(if applicable)		
You may not have any animal in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.			
Kind		Weight	
Breed		Age	
Kind		Weight	
Breed		Age	

Special Provisions	
	M'
	V

The following Application Agreement will be signed by you and all co-explicants prior to signing a Lease. While some of the information below may not yet apply to your situation, there are some provision, that may become applicable prior to signing a Lease. In order to continue with this Application, you'll need to review the Application Agreement carefully and acknowledge that you accept the terms.

Application

- 1. **Apartment Lease information.** Selease contemp ated by the parties will be the current TAA Lease. Special information and conditions must be explicitly noted on the Lease.
- 2. **Approval when Lease is signed in advance** you and all co-applicants have already signed the Lease 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, and then credit the application deviate of all applicants toward the required security deposit.
- 3. **Approval when Lease is:** versighed. If you and all co-applicants have not signed the Lease when we approve the Application, our representative will very you for one of you if there are co-applicants) of the approval, sign the Lease when you and all co-applicants but signed, and then credit the application deposit of all applicants toward the required security deposit.
- 4. **If you fail to sign Lease after approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease 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 **your Application will be deemed withdrawn**, and we may keep the application deposit as liquidated lamages, and terminate all further obligations under this Agreement.
- 5. If you with draw before approval. If you or any co-applicant withdraws an Application or notifies us that you've changed your rained about tenting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
 - Approval/non approval. If we do not approve your Application within 7 days after the date we received a completed Application your application will be considered "disapproved." Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 7-day time and may be changed only by separate written agreement.
 - Refauld after non-approval. If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. Extension of deadlines. If the deadline for approving or refunding under paragraphs 6 or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- 9. **Keys or access devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease and other rental documents referred to in the Lease; and (2) all applicable rents and security deposits have been paid in full.
- 10. **Application submission.** Submission of an Application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease. Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding unit availability, unit characteristics, pricing or other questions, please call or visit our office.
- 11. **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-applicants is considered notice from all co-applicants.

Disclosures

- 1. **Application fee (non-refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. Payment of the application fee does not guarantee that your Application will be accepted. The application fee offsets the cost of screening an applicant for acceptance.
- 2. Application deposit (may or may not be refundable). In addition to any application fees, you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit when the Lease has been

©2023 TEXAS APARTMENT ASSOCIATION, INC.

PAGE 3 OF 4

signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement.

- Fees due. Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees:
 - A. Application fee (non-refundable): \$
 - B. Application deposit (may or may not be refundable) \$_
- Completed Application. Your Application will not be considered "complete" and will not be processed until we receive the following
 - Your fully filled out and signed Application and any documents required by our rental criteria, such as proof of income.
 - B. Fully filled out and signed Applications for each co-applicant (if applicable); C. Application fees for all applicants;

 - D. Application deposit.

Authorization and Acknowledgment		
l authorize		
relating to a lease by the above ov information, income history and ot	reports from any consumer or criminal record reporting agencies before, during, and after residency on matterner to me and to verify, by all available means, the information in this Application, including criminal backgrouner information reported by employer(s) to any state employment security agency. Work history information may ority to obtain work history information expires 365 days from the date of this Application. You agree the information expires 365 days from the date of this Application.	

Payment	Autho	rization
----------------	--------------	----------

I authorize

(name of owner/agent) to collect payment of the application fee a specified aragraph 3 of the oplicatio osit in the amou Disclosures.

Non-sufficient funds and dishonored payments. If a ch applicant is returned to ntity for any reason, if any credit card or debit card payment from applicant to process any ACH debit, credit card, or debit card tra of our own or our bank, to successfully or if we are unable, throug

1. Applicant shall pay a charge of

tion provided may be used for business purposes.

2. We reserve the right to refer the prosecution.

Acknowledgm

ach returned p

and

You declare that all your state oplication are true and complete se information is a **Class B Misdemeanor**, punishable fine. Applicant's submission of this application, including payment of any fees and deposits, by up to 6 months in count is being done only after applicant wly investigated, to its tisfaction Those facts which applicant deems material and necessary to the decision to apply for unit. You autho nformation through any means, including consumer-reporting agencies and other rental-housing divers. You acknow include reasons your Application may be denied, w ers. You acknowle at you have an opportunity to review our rental-selection criteria, which malb story, credit history, current income and rental history. You understand that if you do not meet our rental-selection or if you fail to answer any question or give false information, we may ed damages for our time and expense, and terminate your right of ocreject the Application, retain all application fees as evailing party may recover from the non-prevailing party all attorney's fees cupancy. In lawsuits relating to the Application ie r and litigation costs. We may at any time furnish informa b 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, the rules, and financial obligations. Fax or elect tures are legally binding. You acknowledge that our privacy policy is available to you.

Right to review the Lease. B it an Application or pay any fees or deposits, you have the right to review the Application and ity rules or policies we have. You may also consult an attorney. These documents are binding legal documents a particular to velling off the market until we receive a completed Application and any other required informa-Lease, as well as any comm when signed. We will no tion or monies to rent ng. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties. You are entitled to a co it is fully signed.

Images on ou ebsite m epresent a sample of a unit and may not reflect specific details of any unit. For information not found on our webilability, t characteristics or other questions, please call or visit our office. site regarding

This Appli ease are binding documents when signed. Before submitting an Application or signing a Lease, you may take ocuments to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed all barties.

		_
Applicant's signature	Date	

1. 2. 3. 4.	(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five day		
	Name of person or persons notified (if there are more than one applicant, at least one of them must be notified):		
6.	Name of owner's representative who notified the applicant:		
Additional comments:			
_			