



TEXAS APARTMENT ASSOCIATION

M E M B E R

Rental Application for Residents and Occupants

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 govt. ID card)
Your street address (as shown on your driver's license or government 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 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: \$
Email address:
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?

Previous home address (most recent):
Apt. #
City/State/Zip:
Apartment name:
Name of above owner or manager:
Their phone: Previous monthly rent: \$
Date you moved in: Date you moved out:

YOUR WORK 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 (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:
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 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: Cell phone:
Position:
Email address:
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 owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
Make, model and color:
Year: License #: State:
Make, model and color:
Year: License #: State:
Make, model and color:
Year: License #: State:

WHY YOU RENTED 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 (name): 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 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