

RENTAL APPLICATION

(979) 696-4464 Office (979) 696-0234 Fax

Our Privacy Policy Is Available To You Upon Request

Date: _____ **Agent:** _____

The undersigned hereby makes application to rent

(Address you are applying for) _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME(Nombre) _____ DL# _____ State _____
Date of Birth(Fecha de nacimiento) _____ Social Security#(Numero De La Seguridad) _____
Name of Spouse(Nombre del conyuge) _____ DL# _____ State _____
Date of Birth(Fecha de nacimiento) _____ Social Security#(Numero De La Seguridad) _____
Number of Dependents(Numero de dependientes) _____ Phone#(Numero de telefono) _____
Email Address(Correo electronico) _____ Spouse email: _____
Other Occupants Relationship(otros ocupantes relacion) _____
Names&Ages(Nombres&Siglos) _____
Pets (Number and Kind) _____ (Breed) _____ (Weight) _____ (Age) _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS(direccion actual) _____ City(Ciudad) _____ State _____ Zip _____
Month&Year Moved In(Fecha de mudanza) _____ Reason for Leaving(Razon para irse) _____
Owner or Agent(Propietario) _____ Phone(Telefono) _____ Rent amount(Alquiler) _____
PREVIOUS ADDRESS (direccion anterior) _____ City(Ciudad) _____ State _____ Zip _____
Month & Year Moved In(Fecha de mudanza) _____ Reason for Leaving(Razon para irse) _____
Owner or Agent(Propietario) _____ Phone (Telefono) _____
PREVIOUS ADDRESS (if within 3 years) _____ City _____ State _____ Zip _____
Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____

(APPLICANT) PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: • Employed Full-Time • Employed Part-Time • Student • Retired • Unemployed

CURRENT EMPLOYER(Empleador Actual): _____
Dates Employed(Ano Comenzo) _____ Employed as _____ Monthly Gross Income(Cuanto Paga al mes \$ _____
Supervisor(Supervisor) _____ Supervisor's Phone(Numero Supervisor) _____
Address(Direccion) _____ City(Ciudad) _____ State _____ Zip _____
PREVIOUS EMPLOYER(Empleador Anterior) _____
Dates(s) Employed _____ Employed as _____ Monthly Gross Income \$ _____
Supervisor _____ Supervisor's Phone (_____) _____
Address _____ City _____ State _____ Zip _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____

(SPOUSE) PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: • Employed Full-Time • Employed Part-Time • Student • Retired • Unemployed

CURRENT EMPLOYER: _____
Dates(s) Employed _____ Employed as _____ Monthly Gross Income \$ _____
Supervisor _____ Supervisor's Phone (_____) _____
Address _____ City _____ State _____ Zip _____
PREVIOUS EMPLOYER: _____
Dates(s) Employed _____ Employed as _____ Monthly Gross Income \$ _____
Supervisor _____ Supervisor's Phone (_____) _____
Address _____ City _____ State _____ Zip _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____

YOUR VEHICLE MAKE/MODEL _____ Year _____ Tag No. _____ State _____

SECOND VEHICLE MAKE/MODEL _____ Year _____ Tag No. _____ State _____

OTHER VEHICLES _____

HAVE YOU EVER: Filed for bankruptcy? • No • Yes Been evicted from tenancy? • No • Yes
Willfully or intentionally refused to pay rent when due? • No • Yes
Ever been charged with or convicted of a criminal offense? • No • Yes
Received deferred adjudication? • No • Yes

Please give any additional information which might help management evaluate this application:

If management has any questions about this application, please give PHONE NUMBERS where you can be located:

DAY PHONE(S) _____

NIGHT PHONE(S) _____

CELL PHONE(S) _____

EMERGENCY CONTACT'S NAME: _____ PHONE #: _____

I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant(Firmar) _____ Date Signed(Fecha Firmada) _____

APPLICANT: PLEASE DO NOT WRITE BELOW

Notes: _____
