RENTALAPPLICATION(979) 696-4464 Office(979) 696-0234 FaxOur Privacy Policy Is Available To You Upon Request

_Agent:_____

Date:			
The undersigned	hereby makes	application	to rent

(Address you are apply		Desired mo	
PLEASE TELL US ABOUT YO			
		DL#	
		Social Security No	
		Social Security No	
	g Co-Applicant) Phone #		
	Spous		
	(Breed)(We		
	NCE HISTORY FOR THE PAST 3		
		City	
	Reason fo		
		Phone ()
Current rent amount			
	3 years)		StateZip
Month & Year Moved In			
	3 years)		StateZip
	Moved Out		
Owner or Agent		Phone ()
YOUR STATUS: • Employe	YOUR EMPLOYMENT INFORMA d Full-Time • Employed Part-Tin	ne • Student • Re	etired • Unemployed
YOUR STATUS: • Employe CURRENT EMPLOYER: Dates(s) Employed	d Full-Time • Employed Part-Tin	ne • Student • Ro	
YOUR STATUS: • Employe CURRENT EMPLOYER: Dates(s) Employed Supervisor	d Full-Time • Employed Part-Tin	ne • Student • Re Monthly Gr Supervisor's Phone (ross Income \$
YOUR STATUS: • Employe CURRENT EMPLOYER: Dates(s) Employed Supervisor Address	d Full-Time • Employed Part-Tin Employed asCit	ne • Student • Re Monthly Gr Supervisor's Phone (ross Income \$ _)Zip
YOUR STATUS: • Employe CURRENT EMPLOYER:	d Full-Time • Employed Part-Tin	ne • Student • Re Monthly Gr Supervisor's Phone (y State	ross Income \$)Zip
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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	Z/MODEL	Year	Tag No	State		
SECOND VEHICLE MA	KE/MODEL	Year	Tag No	State		
OTHER VEHICLES						
HAVE YOU EVER:	Filed for bankruptcy? • No	Yes Been evicted fr	rom 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 adjudification? • No • Yes					
Please give any additiona	al information which might help r	nanagement evalua	te 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_

Date Signed_

APPLICANT: PLEASE DO NOT WRITE BELOW

Notes: