

FAX BACK TO:
866-537-0426

Received on _____ (date) at _____ (time)



TEXAS ASSOCIATION OF REALTORS® RESIDENTIAL LEASE APPLICATION

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Each occupant and co-applicant 18 years or older must submit a separate application.

Property Address: _____
Anticipated: Move-in Date: _____ Monthly Rent: \$ _____ Security Deposit: \$ _____

Applicant was referred to Landlord by:
 Real estate agent _____ (name) _____ (phone)
 Newspaper Sign Internet Other _____

Applicant's name (first, middle, last) _____
Is there a co-applicant? yes no *If yes, co-applicant must submit a separate application.*

Applicant's former last name (maiden or married) _____

E-mail _____ Home Phone _____

Work Phone _____ Mobile/Pager _____

Soc. Sec. No. _____ Driver License No. _____ in _____ (state)

Date of Birth _____ Height _____ Weight _____ Eye Color _____

Hair Color _____ Marital Status _____ Citizenship _____ (country)

Emergency Contact: Name: _____

Address: _____

Phone: _____ E-mail: _____

Name all other persons who will occupy the Property:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Applicant's Current Address: _____ Apt. No. _____
(city, state, zip)

Landlord's Name: _____

Phone: Day: _____ Nt: _____ Mb: _____ Fax: _____

Date Moved-In _____ Move-Out Date _____ Rent \$ _____

Reason for move: _____

Applicant's Previous Address: _____ Apt. No. _____
(city, state, zip)

Previous Landlord's Name: _____

Phone: Day: _____ Nt: _____ Mb: _____ Fax: _____

Date Moved-In _____ Date Moved-Out _____ Rent \$ _____

Reason for move: _____

Applicant's Current Employer: _____

Address: _____ (street, city, state, zip)

Supervisor's Name: _____ Phone: _____ Fax: _____

Start Date: _____ Gross Monthly Income: \$ _____ Position: _____

Applicant's Previous Employer: _____

Address: _____ (street, city, state, zip)

Supervisor's Name: _____ Phone: _____ Fax: _____

Employed from _____ to _____ Gross Monthly Income: \$ _____ Position: _____

Residential Lease Application concerning _____

Describe other income Applicant wants considered: _____

List all vehicles to be parked on the Property:

Type	Year	Make	Model	License/State	Mo.Pymt.

List all pets to be kept on the Property (dogs, cats, birds, reptiles, fish, and other pets):

Type & Breed	Name	Color	Weight	Age	Gender	Neutered?	Declawed?	Rabies Shots Current?
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

	Yes	No	Explanation
Will any waterbeds or water-filled furniture be on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does anyone who will occupy the Property smoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will Applicant maintain renter's insurance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is Applicant or Applicant's spouse, even if separated, in military?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, is the military person serving under orders limiting the military person's stay to one year or less?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has Applicant ever:			
been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
been asked to move out by a landlord?	<input type="checkbox"/>	<input type="checkbox"/>	_____
breached a lease or rental agreement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
lost property in a foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>	_____
had any credit problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is any occupant a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any criminal matters pending against any occupant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there additional information Applicant wants considered?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Authorization & Representation: Applicant authorizes Landlord and Landlord's agent, at any time before, during, or after any tenancy, to: (1) obtain a copy of Applicant's credit report; (2) obtain a criminal background check related to Applicant and any occupant; and (3) verify any rental or employment history or verify any other information related to this application with persons knowledgeable of such information. Applicant represents that the statements in this application are true and complete. Applicant understands that providing false or inaccurate information is grounds for rejection and a breach of any lease.

Notice: Unless agreed otherwise in writing, the Property remains on the market until a lease is signed and Landlord may continue to show the Property to other prospective tenants and accept another offer. Landlord's agent or property manager maintains a privacy policy that is available upon request.

Fees: Applicant submits a non-refundable fee of \$ 25.00 for processing and reviewing this application and (check only one box if applicable):

- (1) \$ _____ to be applied to the security deposit upon execution of a lease or returned to Applicant if a lease is not executed.
- (2) an Application Deposit of \$ _____ in accordance with the attached Agreement for Application Deposit and Hold on Property (TAR No. 2009 or similar agreement).

Applicant's Signature _____ Date _____

For Landlord's Use: On _____, _____ (name/initials) notified Applicant _____ by phone mail e-mail fax in person that Applicant was approved not approved.



TEXAS ASSOCIATION OF REALTORS®

**AUTHORIZATION TO RELEASE INFORMATION
RELATED TO A RESIDENTIAL LEASE APPLICANT**

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I, _____ (Applicant), have submitted an application
to lease a property located at _____
_____ (address, city, state, zip).

The landlord, broker, or landlord's representative is:

_____	(name)
_____	(address)
_____	(city, state, zip)
_____ (phone) _____	(fax)
_____	(e-mail)

I give my permission:

- (1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- (2) to my current and former landlords to release any information about my rental history to the above-named person;
- (3) to my current and former mortgage lenders on property that I own or have owned to release any information about my mortgage payment history to the above-named person;
- (4) to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-named person; and
- (5) to the above-named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain background information about me.

Applicant's Signature

Date

Note: Any broker gathering information about an applicant acts under specific instructions to verify some or all of the information described in this authorization. The broker maintains a privacy policy which is available upon request.