

## 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 referre                       |  |                          |                      |                     |                       |  |
| Real estate a                               | gent <u>Joe Barfield (F</u>            | ax 210-638-6551          | ) (name) <u>(2</u>   | 10)858-7695         | (phone)               |  |
| Newspaper                                   | 🔲 Sign 🔲 Internet 🔲 0                  | Other <u>email app b</u> | ack to renta         | ls@joebarfiel       | d.com                 |  |
| Annlicant's name (fire                      | st, middle, last)                      |                          |                      |                     |                       |  |
|   | applicant?  yes  no                    |                          | t must submit a soi  | narato application  |                       |  |
|   |  |                          |                      | varate application. |                       |  |
| E mail                                      | s former last name (maiden or married) |                          |                      |                     |                       |  |
| Mork Phone                                  |  | Home Phone               |                      |                     |                       |  |
| Soc Sec No                                  |  | Driver License No        | wobile/i agei        | in                  | (state)               |  |
| Date of Rirth                               | Height                                 | Driver Licerise No.      | .ht                  | Eve Color           | (State)               |  |
| Hair Color                                  | Height _<br>Marital Status             | weig                     | Citizenshin          | Eye Coloi           | (country)             |  |
|   |  |                          | OldZerionip _        |                     | (00011117)            |  |
| Emergency Contact:                          | Name:                                  |                          |                      |                     |                       |  |
| Emergency Contact.                          | Address:                               |                          |                      |                     |                       |  |
|   | Address:Phone:                         | F-mail·                  |                      |                     |                       |  |
|   |  | L maii                   |                      |                     |                       |  |
| Name all other perso                        | ns who will occupy the Prop            | ertv:                    |                      |                     |                       |  |
|   | wii o wiii oodapy alo i lop            |                          | Relationship:        | A                   | yae.                  |  |
|   |  |                          |                      |                     |                       |  |
| Name:                                       |  |                          |                      | ,<br>,              |                       |  |
|   | p fee: http://bit.l                    | v/pavpalappfee           |                      |                     |                       |  |
| ramo. <u>raybar 116</u>                     | <u> </u>                               | y/payparapprec           |                      | <i>'</i>            | ·go                   |  |
| Applicant's Current Address:                |  |                          |                      | Apt. No.            |                       |  |
|   |  |                          |                      | '                   | (city, state, zip)    |  |
| Landlord's Name                             | :                                      |                          | Email:               |                     |                       |  |
| Phone: Day:                                 | Nt:                                    | Mb:                      |                      | Fax:                |                       |  |
| Date Moved-In                               | Nt:N                                   | Move-Out Date            | F                    | Rent \$             |                       |  |
|   | :                                      |                          |                      |                     |                       |  |
|   |  |                          |                      |                     |                       |  |
| Applicant's Previous                        | Address:                               |                          |                      | Apt. N              | 0                     |  |
|   |  |                          |                      |                     | _ (city, state, zip)  |  |
| Previous Landlor                            | d's Name:                              |                          | Email:               |                     |                       |  |
| Phone: Day:                                 | Nt:                                    | Mb:                      |                      | Fax:                |                       |  |
| Date Moved-In _                             | Date Moved-Out                         |                          | F                    | Rent \$             |                       |  |
| Reason for move                             | d                                      |                          |                      |                     |                       |  |
| Applicants Ormest 5                         | manda.com                              |                          |                      |                     |                       |  |
| • •   | mployer:                               |                          |                      | 7.1                 | -4 -144-4*··          |  |
| Address:                                    |  | D.                       |                      |                     | et, city, state, zip) |  |
| •   | ne:                                    | Pnone:                   |                      | Fax:                |                       |  |
| E-mail:                                     |  | /A                       |                      | D 101               |                       |  |
| Start Date:                                 | Gross I                                | Monthly Income: \$       |                      | Position:           |                       |  |

Note: If Applicant is self-employed, Landlord may require one or more previous year's tax return attested by a CPA, attorney, or other tax professional.

(TAR-2003) 10-16-07 Page 1 of 4

| Residential Lease Application concerning  |  |   |                             |                  |                                       |                               |
|---|--|---|-----------------------------|------------------|---------------------------------------|-------------------------------|
| Applicant's Previous Emplo  | ver  |   |                             |                  |                                       |                               |
| Address:  | ycı  |   |                             |                  | (s                                    | treet, city, state, zip)      |
| Address:<br>Supervisor's Name:  |  | Phone:  |                             |                  | Fax <sup>.</sup>                      | oo, oy, o.a.o, <u>-</u> .p)   |
| F-mail:   |  |   |                             |                  | т шх.                                 |                               |
| E-mail:<br>Employed fromtoto  |  | Gross Month   | Gross Monthly Income: \$ _  |                  | Position:                             |                               |
| Describe other income App   | licant wants considere   | d:  |                             |                  |                                       |                               |
| List all vehicles to be parked  Type Ye   | d on the Property:<br>ear Make   | Mo  | <u>del</u>                  | <u>License/</u>  | <u>State</u>                          | Mo.Pymt.                      |
|   |  | ght Age Gend  | <u>der</u> <u>Neute</u><br> | red?<br>s ☐ no [ | Declawed?<br>□ yes □ no<br>□ yes □ no | Rabies Shots Current? yes  no |
| Will any waterbeds or water Does anyone who will occur Will Applicant maintain rent Is Applicant or Applicant's so If yes, is the military person's stay the military person's stay Has Applicant ever:  been evicted?  been asked to move out breached a lease or rent filed for bankruptcy?  lost property in a foreclo had any credit problems been convicted of a crim Is any occupant a registered Are there and criminal matters. | py the Property smoke'er's insurance? pouse, even if separate son serving under order to one year or less?  by a landlord? tal agreement?  sure? , slow-pays or delinque te? d sex offender? ers pending against any | ne Property?  Property?  The distribution of the property?  The distribution of the property?  The property?  The property?  The property?  The property?  The property?  The property? |                             |                  |                                       | nation                        |

Authorization: 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.

**Notice of Landlord's Right to Continue to Show the Property:** Unless Landlord and Applicant enter into a separate written agreement otherwise, the Property remains on the market until a lease is signed by all parties and Landlord may continue to show the Property to other prospective tenants and accept another offer.

(TAR-2003) 10-16-07 Page 2 of 4

| Residential Lease Application concerning  |  |  |  |  |
|---|--|--|--|--|
| Privacy Policy: Landlord's agent or property manager maintains a privacy policy that is available upon request.   |  |  |  |  |
| Fees: Applicant submits a non-refundable fee of \$ for processing and reviewing this application and (check only one box if applicable):  \[ \begin{align*} \text{(1) \$ to be applied to the security deposit upon execution of a lease or returned to Applicant if a lease is not executed.  \text{\text{(2) an Application Deposit of \$ in accordance with the attached Agreement for Application Deposit and Hold on Property (TAR No. 2009 or similar agreement).} \end{align*}   |  |  |  |  |
| <ul> <li>(1) Signing this application indicates that Applicant has had the opportunity to review Landlord's tenant selection criteria, which is available upon request. The tenant selection criteria may include factors such as criminal history, credit history, current income and rental history.</li> <li>(2) Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this application and forfeiture of any application fee and may be grounds to declare Applicant in breach of any lease the Applicant may sign.</li> <li>(3) Applicant represents that the statements in this application are true and complete.</li> </ul> |  |  |  |  |
| 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. Reason for disapproval:  |  |  |  |  |
|   |  |  |  |  |

(TAR-2003) 10-16-07 Page 3 of 4



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

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| l,       |   | _ (Applicant), have submitted an application |  |  |  |  |
|----------|---|--|--|--|--|--|
| to leas  | e a property located at   | (address, city, state, zip).                 |  |  |  |  |
| The lar  | ndlord, broker, or landlord's representative is:  |  |  |  |  |  |
|          |   | (name)                                       |  |  |  |  |
|          |   | (address)<br>(city. state. zip)              |  |  |  |  |
|          | (phone)   |  |  |  |  |  |
| I give r | my permission:  |  |  |  |  |  |
| (1)      | to my current and former employers to release any information about rethe above-named person;                                     | ny employment history and income history to  |  |  |  |  |
| (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 my mortgage payment history to the above-named person;   | nave owned to release any information about  |  |  |  |  |
| (4)      | my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the ove-named person; and |  |  |  |  |  |
| (5)      | to the above-named person to obtain a copy of my consumer report agency and to obtain background information about me.            | (credit report) from any consumer reporting  |  |  |  |  |
|          |   |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          |   |  |  |  |  |  |
| Applica  | ant's Signature Date  |  |  |  |  |  |
| Note:    | Any broker gathering information about an applicant acts under  | specific instructions to verify some or all  |  |  |  |  |

(TAR-2003) 10-16-07 Page 4 of 4

of the information described in this authorization. The broker maintains a privacy policy which is available upon

request.