

Received on \_\_\_\_\_ (date)  
at \_\_\_\_\_ (time)  
by \_\_\_\_\_ (initials)

## Residential Lease Application

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

Property Address: 1125 Seneca Pl., Lewisville, TX 75067

Anticipated Move in Date: \_\_\_\_\_ Monthly Rent: \$1795  
Security Deposit: \$1800\*

Applicant was referred to Landlord by:

Real Estate Agent \_\_\_\_\_  
 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)

Applicants former last name (maiden or married) \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name & No. \_\_\_\_\_

Marital Status \_\_\_\_\_ Citizenship \_\_\_\_\_ (country)

Social Security No. \_\_\_\_\_

Drivers License No \_\_\_\_\_ In \_\_\_\_\_ (state)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Name all other persons who will occupy the Property:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age \_\_\_\_\_

**Applicants current address:** \_\_\_\_\_ apt # \_\_\_\_\_  
\_\_\_\_\_  
(city, state, zip)

Landlords name: \_\_\_\_\_  
Landlords phones: \_\_\_\_\_ (day) \_\_\_\_\_ (night)  
\_\_\_\_\_  
(cell) \_\_\_\_\_ (email)

Date moved-in \_\_\_\_\_ Move out date \_\_\_\_\_ Rent \$ \_\_\_\_\_

Reason for move \_\_\_\_\_

**Applicants previous address:** \_\_\_\_\_ apt # \_\_\_\_\_  
\_\_\_\_\_  
(city, state, zip)

Landlords name: \_\_\_\_\_  
Landlords phones: \_\_\_\_\_ (day) \_\_\_\_\_ (night)  
\_\_\_\_\_  
(cell) \_\_\_\_\_ (email)

Date moved-in \_\_\_\_\_ Move out date \_\_\_\_\_ Rent \$ \_\_\_\_\_

Reason for move \_\_\_\_\_

**Applicants current Employer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ (street, city, state, zip)  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
 Position \_\_\_\_\_

**Applicants previous Employer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ (street, city, state, zip)  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employed: from \_\_\_\_\_ to \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
 Position \_\_\_\_\_

Describe other income Applicants wants considered: \_\_\_\_\_  
 \_\_\_\_\_

Banks Name and Phone at which Landlord may verify good funds for any rent, fee or deposit: \_\_\_\_\_  
 \_\_\_\_\_

List all vehicles to be parked on the Property:

<u>Type</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License/State</u>	<u>Color</u>

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 ?	Yes	No
Declawed ?	Yes	No
Shots Current?	Yes	No

	<u>Yes</u>	<u>No</u>
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 Applicants maintain renters insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If Applicant is in the military, is Applicant serving under orders Limiting Applicants 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"/> |
| In any occupant a registered sex offender?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any criminal matter pending against any occupant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there additional information Applicants want 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 Applicants credit report; (2) obtain a criminal background check related to Applicant and any occupant; and (3) verify any rental, employment, or criminal 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.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

For Landlord use: On \_\_\_\_\_ (date) , \_\_\_\_\_ (name/Initials)

Notified  Applicant  \_\_\_\_\_

By  phone  mail  fax  email  in person ,

that Applicant was  approved  not approved



Authorization to Release Information  
Related to a Residential Lease Applicant

I, \_\_\_\_\_ (applicant), have submitted an application to lease a property located at 1125 Seneca Pl, Lewisville, TX 75067 (address,city,state,zip)

The landlord or landlord’s representative who will verify information is:

<u>Anne Duncan</u>	(name)
<u>PO Box 293091</u>	(address)
<u>Lewisville, TX 75029</u>	(city,state,zip)
<u>469-209-5512</u>	(phone)
<u>773-409-2195</u>	(fax)
<u>Anne@AJAssets.com</u>	(email)

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 criminal background information about me.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date