



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: \$ _____

Property Condition: **Applicant is strongly encouraged to view the Property prior to submitting any application.**
Landlord makes no express or implied warranties as to the Property's condition. Applicant requests Landlord consider the following repairs or treatments should Applicant and Landlord enter into a lease: _____

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: *(Do not insert the name of an occupant or co-applicant.)*

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 or Property Manager's Name: _____
Email: _____
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 or Property Manager's Name: _____
Email: _____
Phone: Day: _____ Nt: _____ Mb: _____ Fax: _____

Residential Lease Application concerning _____

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

Reason for move: _____

Applicant's Current Employer: _____

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

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

E-mail: _____

Start Date: _____ Gross 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.

Applicant's Previous Employer: _____

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

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

E-mail: _____

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

Describe other income Applicant wants considered: _____

List all vehicles to be parked on the Property:

Type	Year	Make	Model	License/State	Mo.Pymnt.

Will any pets (dogs, cats, birds, reptiles, fish, and other pets) be kept on the Property? yes no

If yes, list all pets to be kept on the Property:

Type & Breed	Name	Color	Weight	Age in Yrs.	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
						<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

Will any waterbeds or water-filled furniture be on the Property?

Does anyone who will occupy the Property smoke?

Will Applicant maintain renter's insurance?

Is Applicant or Applicant's spouse, even if separated, in military?

If yes, is the military person serving under orders limiting the military person's stay to one year or less?

Has Applicant ever:

been evicted?

been asked to move out by a landlord?

breached a lease or rental agreement?

filed for bankruptcy?

lost property in a foreclosure?

had any credit problems (including any outstanding debt (e.g., student loans or medical bills)), slow-pays or delinquencies?

been convicted of a crime?

Is any occupant a registered sex offender?

Are there any criminal matters pending against any occupant?

Is there additional information Applicant wants considered?