RESIDENTIAL LEASE APPLICATION

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

Property Address: 2509 Castle Pines Drive, Burleson TX 76028

Move In Time Frame: _____

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 _____
Work Phone _____   Phone _____
Soc. Sec. No. _____ Driver License No. ____ Mobile _____ in _____ (*state*)
Date of Birth_____ Marital Status_____
Facebook or Social Media Account _____ Pets:(approved on case by case basis)
    Kind and aprox size:_____
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: _____ 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's Name: _____ Email:_____
    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:_____
    E-mail: _____
    Start Date: _____ Gross Monthly Income: $_____ Position: _____

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.

List all pets to be kept on the Property (no cats allowed):

Type & Breed	Name	Color	Weight	Age	Gender	Neutered?	Inside Pet	Rabies Shots Current?
						❑ yes ❑ no	❑ yes ❑ no	❑ yes ❑ no
						❑ yes ❑ no	❑ yes ❑ no	❑ yes ❑ no

	Yes	No	Explanation
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, 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?	❑	❑	

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Landlord or Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize the Landlord or Landlord's agents to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize & instruct any entity or person contacted by the Landlord or Landlord's agents to release such information to them.

_____   _____
Applicant's Signature   Date