PLEASE SEND all documents in one attachment, if possible. Opening so many attachment will take us time and cause delays.

CRITERIA FOR ACCEPTANCE

- 1. Credit 580 or above, anything under will be consider on case by case with conditions.
- 2. Household Income to be close to 3X more than the rental amount
- 3. No broken lease or foreclosure within the last 3 years
- 4. Background or Criminal history no felony within the last 5 years and misdemeanor depend on the charges

DOCUMENT FOR ACCEPTANCE

- 1. Lease application for each person applying
- 2. Copy of Driver License or ID
- 3. Copy of 2 most recent paystubs or proof of income

Landlord prefer to run credit, background and eviction report, \$40 per applicant pay directly via the link sent after review the three items listed above.

DEPOSIT: One month rent (*unless otherwise agree to*). Landlord request the deposit within 48 hours, after signed lease to stop processing application and change status to "pending". If not received within require timeframe, residential lease contract will be NULL and VOID.

BEFORE MOVE-IN:

Pay 1st month rent, deposit and prorated rent if applicable Provide proof of renter insurance

INVENTORY & CONDITION:

Tenants have 7 days after move-in to complete the Residential Inventory and Condition form. If there's any items or equipment not functioning as intended, landlord will fix it after receiving form back without any fee charge. All future repair request is subject to a \$75 deductible regardless of what the issue is.



TEXAS ASSOCIATION OF REALTORS®

RESIDENTIAL LEASE APPLICATION

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.

©Texas Association of REALTORS®, Inc. 2018

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

Property Address: PLEASE					
Anticipated: Move-in Date: Initial Lease Term Request	Monthly Reed: (months)	ent: \$ <u>N/A</u>	Secu	rity Deposit: \$ N/A	
Property Condition: Applic Landlord makes no express following repairs or treatme	s or implied warranties as	to the Property's cond	dition. Applic	ant requests Land	lord consider the
Applicant was referred to L. X Real estate agent Newspaper Sign	ES LE (n	ame) <u>832-808-009</u>	(phone)	JLE@LEUNIV.CC	OM (e-mail)
	dle, last) ant? yes no If ast name (maiden or man		ıst submit a	n separate applica	tion.
		H	ome Phone		
Work Phone		M	obile/Pager		
				in	(state)
Soc. Sec. No.	Drive	er License No		''' _	(3late)
Soc. Sec. No Date of Birth	Drive Height	er License No Weight _		Eye Color	(State)
Soc. Sec. No. Date of Birth Hair Color	Drive Height Marital Status	r License No Weight	Citizenship	Eye Color	(country)
Date of Birth Hair Color Emergency Contact: (Do no Name:	Height Marital Status ot insert the name of an oc	ccupant or co-applican	nt.)		(country)
Date of Birth Hair Color Emergency Contact: (Do no Name:	Height Marital Status ot insert the name of an oc	ccupant or co-applican	nt.)		(country)
Date of Birth Hair Color Emergency Contact: (Do no Name:	Height Marital Status ot insert the name of an oc	ccupant or co-applican	nt.)		(country)
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone:	Height Drive Height Height Marital Status ot insert the name of an od	ccupant or co-applican	nt.)		(country)
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who	Height Height Marital Status E-ma	ccupant or co-applican	nt.)		
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name:	Height Height Height Marital Status ot insert the name of an od E-material E-material Height	ail: Relations	ot.)	A	ge:
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name: Name: Name:	Height Height Marital Status ot insert the name of an occupy the Property:	ail: Relations	ship:ship:	A	ge:
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name: Name: Name: Name:	Height Height Marital Status E-ma	ail: Relations	ship:ship:	A A	ge: ge:
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name: Name: Name: Name:	Height Height Height Height Et insert the name of an ode E-mail	ail: Relations	ship:ship:	A A	ge: ge: ge:
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Name: Applicant's Current Address:	Height Height Marital Status E-ma	ail: Relations	ship:	A A A Apt. No.	ge: ge: ge:
Date of Birth Hair Color Emergency Contact: (Do not Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Applicant's Current Address: Landlord or Property M	Height Height Marital Status E-ma o will occupy the Property: s: anager's Name:	ecupant or co-applicant ail: Relations Relations Relations	ship:ship:ship:ship:	A A Apt. No.	ge: ge: ge: ge:
Date of Birth Hair Color Emergency Contact: (Do not Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Applicant's Current Address: Landlord or Property M	Height Height Marital Status E-ma o will occupy the Property: s: anager's Name:	ecupant or co-applicant ail: Relations Relations Relations	ship:ship:ship:ship:	A A Apt. No.	ge: ge: ge: ge:
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Landlord or Property M Phone: Day: Date Moved-In	Height Height Marital Status E-ma o will occupy the Property s: anager's Name: Nt: Move-	ccupant or co-applicant ail: Relations Relations Relations Relations Mb: Out Date	ship:ship:ship:ship:	A A Apt. No.	ge: ge: ge: ge:
Date of Birth Hair Color Emergency Contact: (Do no Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Landlord or Property M Phone: Day: Date Moved-In	Height Height Marital Status E-ma o will occupy the Property: s: anager's Name:	ccupant or co-applicant ail: Relations Relations Relations Relations Mb: Out Date	ship:ship:ship:ship:	A A Apt. No.	ge: ge: ge: ge:
Date of Birth Hair Color Emergency Contact: (Do not Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Name: Applicant's Current Address: Landlord or Property M Phone: Day: Date Moved-In Reason for move: Applicant's Previous Address	Height Height Height Marital Status E-material of the property of the property states an ager's Name: Movesses: Movesses: Movesses: Movesses: Movesses: Movesses: Meight Movesses:	ail: Relations Relations Relations Mb:	ship:sh	A A Apt. No. il:Fax: Rent \$Apt. No.	ge:ge:ge:ge:
Date of Birth Hair Color Emergency Contact: (Do not Name: Address: Phone: Name all other persons who Name: Name: Name: Name: Name: Applicant's Current Address: Landlord or Property M Phone: Day: Date Moved-In Reason for move: Applicant's Previous Address	Height Height Height Marital Status E-matching to the property. So will occupy the Property. So will occupy the Property. Move	ail: Relations Relations Relations Mb:	ship:sh	A A Apt. No. il:Fax: Rent \$Apt. No.	ge:ge:ge:ge:

(TAR-2003) 2-1-18 Page 1 of 4

Residential Lease Application concerning N/	A		
Date Moved-In	Move-Out Date	Rer	nt \$
Reason for move:			
Applicant's Current Employer:			
Addross:			(street, city, state, zip)
Supervisor's Name:	P	none:	
E-mail:			
E-mail: Start Date: Gross Note: If Applicant is self-employed	s Monthly Income: \$	Positio	on:
Note: If Applicant is self-employed	d, Landlord may require one or	more previous year's	tax return attested by a CPA,
attorney, or other tax profes	• •	,	•
Applicant's Previous Employer: Address:			(street, city, state, zip)
Supervisor's Name:	DI	hone:	
F_mail:	' ' '	ione	Fax
E-mail: Employed fromto	Gross Monthly Income	-· \$	Position:
Employed fromto	Gross Worlding Moonic	Ψ	- OSKION:
Describe other income Applicant wants of	considered:		
List all vehicles to be parked on the Prop	•		
<u>Type</u> <u>Year</u>	<u>Make</u> <u>Model</u>	<u>License Plate</u>	e No./State Mo.Pymnt.
Will any pets (dogs, cats, birds, reptiles,	. ,	n the Property? yes	s no
If yes, list all pets to be kept on the Prop	erty:		Dakia
Type & Breed Name Color	Weight Age in Yrs. Gender	Neutered? Declawe	Rabies ed? Shots Current? Bite History?
Type & Breed Name Color	Weight Age in 11s. Gender	Y N Y	N Y N Y N
			N HYHN HYHN
			N HYHN HYHN
Yes No			
	eds or water-filled furniture be o	on the Property?	
	ho will occupy the Property sm		
	naintain renter's insurance?		
	Applicant's spouse, even if sepa	arated, in military?	
	e military person serving under		military person's stay to one
year or less		or ordere minung are	minus persons stay to one
Has Applicant e			
been evicte			
	to move out by a landlord?		
	lease or rental agreement?		
filed for ban			
_ _	y in a foreclosure?		
	edit problems, including any ou	tetanding debt (e.g. et	udent loans or medical hills)
·	or delinquencies?	istanding debt (e.g., 5)	duciti loans of friedical bills),
	cted of a crime?		
	nt a registered sex offender?) If wee provide the	location year and type of
conviction below	_	ii yes, provide the	location, year, and type of
	v. nal information Applicant wants	considered?	
is there addition	ai imormation Applicant Walls	oorioidered:	

(TAR-2003) 2-1-18 Page 2 of 4

Residential Lease Application concerning N/A
Additional comments:
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.
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 \$ N/A to N/A (entity or individual) for processing and reviewing this application. Applicant submits x will not submit an application deposit of \$ N/A to be applied to the security deposit upon execution of a lease or returned to Applicant if a lease is not executed.
 (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. (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. (3) Applicant represents that the statements in this application are true and complete.
Applicant's Signature Date
For Landlord's Use:
On,(name/initials) notified
Applicant byphonemaile-mailfaxin person that Applicant was
approved not approved. Reason for disapproval:

(TAR-2003) 2-1-18 Page 3 of 4

request.



TEXAS ASSOCIATION OF REALTORS®

AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.

©Texas Association of REALTORS®, Inc. 2018

l,	
to lease a property located at N/A	
	(address, city, state, zip).
The landlord, broker, or landlord's representative is: N/A	(1)
N / 7	
N / 7	
N/A N/A (phone)	· · · ·
N/A	
	(e-mail)
I give my permission:	
 to my current and former employers to release any informatio the above-named person; 	on about my employment history and income history to
•	a charit may rantal history to the above named named
(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 my mortgage payment history to the above-named person;	l own or have owned to release any information about
(4) to my bank, savings and loan, or credit union to provide a above-named person; and	a verification of funds that I have on deposit to the
(5) to the above-named person to obtain a copy of my consum agency and to obtain background information about me.	er report (credit report) from any consumer reporting
Applicant's Signature	Date
Applicants dignature	Date
Note: Any broker gathering information about an applicant acts	s under specific instructions to verify some or all

(TAR-2003) 2-1-18 Page 4 of 4