

### **Information About Brokerage Services**

Texas law requires all real estate license holders to give the following information about brokerage services to prospective buyers, tenants, sellers and landlords.

#### TYPES OF REAL ESTATE LICENSE HOLDERS:

- A BROKER is responsible for all brokerage activities, including acts performed by sales agents sponsored by the broker.
- A SALES AGENT must be sponsored by a broker and works with clients on behalf of the broker.

### A BROKER'S MINIMUM DUTIES REQUIRED BY LAW (A client is the person or party that the broker represents):

- Put the interests of the client above all others, including the broker's own interests;
- Inform the client of any material information about the property or transaction received by the broker;
- Answer the client's questions and present any offer to or counter-offer from the client; and
- Treat all parties to a real estate transaction honestly and fairly.

### A LICENSE HOLDER CAN REPRESENT A PARTY IN A REAL ESTATE TRANSACTION:

AS AGENT FOR OWNER (SELLER/LANDLORD): The broker becomes the property owner's agent through an agreement with the owner, usually in a written listing to sell or property management agreement. An owner's agent must perform the broker's minimum duties above and must inform the owner of any material information about the property or transaction known by the agent, including information disclosed to the agent or subagent by the buyer or buyer's agent.

AS AGENT FOR BUYER/TENANT: The broker becomes the buyer/tenant's agent by agreeing to represent the buyer, usually through a written representation agreement. A buyer's agent must perform the broker's minimum duties above and must inform the buyer of any material information about the property or transaction known by the agent, including information disclosed to the agent by the seller or seller's agent.

**AS AGENT FOR BOTH - INTERMEDIARY**: To act as an intermediary between the parties the broker must first obtain the written agreement of *each party* to the transaction. The written agreement must state who will pay the broker and, in conspicuous bold or underlined print, set forth the broker's obligations as an intermediary. A broker who acts as an intermediary:

- Must treat all parties to the transaction impartially and fairly;
- May, with the parties' written consent, appoint a different license holder associated with the broker to each party (owner and buyer) to communicate with, provide opinions and advice to, and carry out the instructions of each party to the transaction.
- Must not, unless specifically authorized in writing to do so by the party, disclose:
  - o that the owner will accept a price less than the written asking price;
  - o that the buyer/tenant will pay a price greater than the price submitted in a written offer; and
  - o any confidential information or any other information that a party specifically instructs the broker in writing not to disclose, unless required to do so by law.

AS SUBAGENT: A license holder acts as a subagent when aiding a buyer in a transaction without an agreement to represent the buyer. A subagent can assist the buyer but does not represent the buyer and must place the interests of the owner first.

### TO AVOID DISPUTES, ALL AGREEMENTS BETWEEN YOU AND A BROKER SHOULD BE IN WRITING AND CLEARLY ESTABLISH:

- The broker's duties and responsibilities to you, and your obligations under the representation agreement.
- Who will pay the broker for services provided to you, when payment will be made and how the payment will be calculated.

**LICENSE HOLDER CONTACT INFORMATION:** This notice is being provided for information purposes. It does not create an obligation for you to use the broker's services. Please acknowledge receipt of this notice below and retain a copy for your records.

| License No. | Email                                                | Phone                                                                                     |
|-------------|------------------------------------------------------|-------------------------------------------------------------------------------------------|
|             |                                                      | Filone                                                                                    |
| 525062      | dan@teamprice.com                                    | 512-963-3768                                                                              |
| License No. | Email                                                | Phone                                                                                     |
| 525062      | dan@teamprice.com                                    | 512-963-3768                                                                              |
| License No. | Email                                                | Phone                                                                                     |
| 0571864     | bill@teamprice.com                                   | (512) 709-6343                                                                            |
| License No. | Email                                                | Phone                                                                                     |
| -1/0-11/111 | 11.20.1                                              |                                                                                           |
|             | License No.  525062 License No.  0571864 License No. | License No. Email  525062 dan@teamprice.com License No. Email  0571864 bill@teamprice.com |

### **Tenant Selection Criteria**

Pursuant to Property Code Section 92.3515, these Tenant Selection Criteria are being provided to you in reference to the Property located at the following address 25448 Northoark Lake DR

Based on the information you provide, Landlord may deny your application or may take other adverse actions against you (including, but not limited to, requiring a co-signer on the lease, requiring an additional deposit, or raising rent to a higher amount than for another applicant). If your application is denied or another adverse action is taken based upon information obtained from your credit report or credit score, you will be notified.

Landlords must comply with Local, State, and Federal Fair Housing Laws prohibiting discrimination in housing on race, creed, color, religion, sex, age, national origin, mental or physical handicap, familial status, marital status, ancestry or sexual orientation.

- 1. Criminal History: Landlord may perform a criminal history check on you to verify the information provided by you on the Lease Application. Landlord's decision to lease the Property to you may be influenced by the information contained in the report. Any crime involving violence, illegal drugs, firearms, theft, destruction of property, and any crime involving a minor or that is sexual in nature will cause the applicant to be denied even if the applicant is serving deferred adjudication.
- 2. Rental History: Landlord will verify your rental history using the information provided by you on the Lease Application. Your failure to provide the requested information, provision of inaccurate information, or information learned upon contacting previous landlords may influence Landlord's decision to lease the Property to you. Minimum 2-year verifiable rental history, not to include any late pays, insufficient funds or evictions or minimum 2-year verifiable mortgage payments not to include any late pays. Rental history must be with an unbiased landlord (i.e., not a family member).
- 3. Current Income: Landlord may ask you to verify your income as stated on your Lease Application. Depending upon the rental amount for the property, the sufficiency of your income along with the ability to verify the stated income, may influence Landlord's decision to lease the Property to you. The combined income of the applicants should exceed three times the rental rate. Other income sources must be verifiable with bank statements. Minimum 2-year verifiable employment history may be required. Self-employed applicants to provide 2 previous year's tax returns attested by a CPA, Attorney, or tax professional and copies of bank statements for the past 3 months.
- 4. Credit History: Landlord will obtain a Credit Reporting Agency (CRA) report, commonly referred to as a credit report, in order to verify your credit history. Landlord's decision to lease the Property to you may be based upon information obtained from this report. If your application is denied based upon information obtained from your credit report, you will be notified. Credit history must not contain unsatisfactory credit history, evictions, foreclosures, bankruptcies and judgments for landlords regarding rent or property damage. A report may be requested from the National Tenants Network and a score of 80 or above may be required.
- 5. Guarantor Requirements: The guarantor must have a total gross monthly income of at least five times the monthly rent. A credit report will be processed and the above tenant selection criteria will be applied to the guarantor. The guarantor must be free of evictions, foreclosures and housing related debts.

### **Tenant Selection Criteria**

- 6. **Pet Policy**: If a pet is allowed at this property, the pet must be at least 1-year-old. Landlord may not allow certain types of dogs that may have violent tendencies. Some examples of dogs that may not be allowed are: Pit Bull (aka Staffordshire Terrier), Rottweiler, Doberman, Chow, Husky, German Sheppard, mixed breed with any of the before mentioned. Owner reserves the right to deny any dog. Verify with the listing agent/landlord prior to submitting the application. All pets are subject to an individual pet deposit. Each pet requires a photograph to be submitted with the application.
- 7. Failure to Provide Accurate Information in Application: Your failure to provide accurate information in your application or your provision of information that is unverifiable will be considered by Landlord when making the decision to lease the property to you. If we are unable to verify any part of the above qualifications within 3 business days from the date of the application submittal the application may be denied.
- 8. Negatives: Any eviction or unlawful detainer action. Any conviction for criminal activity by any household member. Any false or misleading information provided by the applicant on the written application or omission of a material fact. Negative or incomplete rental reference. Any income level or combined income level which does not meet the minimum income requirements. Credit Issues past 24 months. Automatic Decline: Applicants will be automatically declined for the following: Anyone having been evicted by a prior landlord for cause, Falsification of application, Invalid Social Security number, Failure to pay Application Fee, Any Application that has not been fully completed incomplete applications will not be processed.

| I/WE, THE UNDERSION SELECTION CRITERI |      | NDERSTAND AND AGREE TO THE | ABOVE TENANT |
|---------------------------------------|------|----------------------------|--------------|
|                                       |      |                            | Date         |
| Applicant                             | Date | Applicant                  | Date         |

9. Other:

Instanatenous



## 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: 25448 Northoark La                                                                                                  | ake DR               |                     | Porter              | TX 77365           |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|---------------------|--------------------|
| Property Address: <u>25448 Northoark La</u><br>Anticipated: Move-in Date:                                                             | Monthly Rent: \$     | 1,895.00            | Security Deposit:   | \$ 1,895.00        |
| nitial Lease Term Requested:                                                                                                          | (months)             |                     |                     |                    |
| Property Condition: <b>Applicant is stronglapplication</b> . Landlord makes no express requests Landlord consider the following ease: | or implied warrantie | es as to the Prope  | rty's condition. Ap | plicant            |
| Applicant was referred to Landlord by:                                                                                                | (nama)               | (phor               | 20)                 | (a mail)           |
| □ Real estate agent<br>□ Newspaper □ Sign □ Internet □ O                                                                              | ther                 | (риог               | ie)                 | (e-mail)           |
| Applicant's name (first, middle, last)<br>Is there a co-applicant? ☐ yes ☐<br>Applicant's former last name (mai                       | no If yes, co-applic | ant must submit a s |                     |                    |
| E-mail                                                                                                                                | H                    | lome Phone          |                     |                    |
| Nork Phone                                                                                                                            | N                    | /lobile/Pager       |                     |                    |
| Soc. Sec. No                                                                                                                          | _ Driver License No  |                     | in                  | (state)            |
| Date of Birth Hei                                                                                                                     | ght V                | Veight_             | Eye Color           | · ·                |
| Work Phone<br>Soc. Sec. No<br>Date of Birth Hei<br>Hair Color Marital Status                                                          |                      | Citizensh           | ip                  | (country)          |
| Emergency Contact: (Do not insert the na  Name: Address: Phone:                                                                       | ame of an occupant   |                     |                     |                    |
|                                                                                                                                       |                      |                     |                     |                    |
| Name all other persons who will occupy the Name:                                                                                      | he Property:         |                     |                     |                    |
| Name:                                                                                                                                 |                      | Relationship        |                     | Age:               |
| Name:                                                                                                                                 |                      | Relationship        | ):                  | Age:               |
| Name:                                                                                                                                 |                      | Relationship        | ):                  | Age:               |
| Applicant's Current Address:                                                                                                          |                      |                     | Apt. No             | )                  |
| Landlord or Property Manager's Name                                                                                                   | e:                   | E                   | Email:              |                    |
| Phone: Day: Nt: Nt: Nt: Nt: Nt: Nt: Nt: Nt: Nt: Nt                                                                                    | Move-Out Date        | WID.                | Pont \$             |                    |
| Reason for move:                                                                                                                      | Niove-Out Date       |                     | ινοιιι φ            |                    |
|                                                                                                                                       |                      |                     | Ant No              |                    |
| Applicant's Previous Address:                                                                                                         |                      |                     | Apt. NC             | (city, state, zip) |
| TAR-2003) 2-1-18                                                                                                                      |                      | •                   |                     | Page 1 of 4        |

| Resid  | dential Lease  | e Application concern                    | ing 25448             | Northo     | ark Lak     | e DR     | 7             | Porte         | r         | TX         | 77365       |
|--------|----------------|------------------------------------------|-----------------------|------------|-------------|----------|---------------|---------------|-----------|------------|-------------|
| - 1    | andlord o      | r Property Manag                         | ier's Name            | ٥.         |             |          |               | Emails        |           |            |             |
| ī      | Phone Day      | r Property Manag                         | Alt.                  | J          |             | A4b.     |               | EIIIali       | -         |            |             |
| i      | Date Move      |                                          |                       | Max        | Out D       | MD:_     |               | David         | Fax:      |            |             |
| F      | Reason for     | r move:                                  |                       | 10100      | e-Out D     | ate      |               | Ren           | φ         |            |             |
|        |                |                                          |                       |            |             |          |               |               |           |            |             |
| App    | licant's Cu    | irrent Employer:                         |                       |            |             |          |               |               |           |            |             |
| 1      | Address: _     | r's Name:                                |                       |            |             |          |               |               | (str      | eet, city, | state, zip) |
|        | Supervisor     | 's Name:                                 |                       |            |             | _ Phon   | ie:           |               | Fax:      |            |             |
| E      | mail:          | Applicant is self-e                      |                       |            |             |          |               |               |           |            |             |
| 5      | Start Date:    |                                          | G                     | ross Mo    | nthly Inc   | ome: \$  |               | Posi          | tion:     |            |             |
|        |                | Applicant is self-ei<br>a CPA, attorney, | , ,                   |            | , ,         | quire o  | ne or more    | previous y    | ear's ta  | c return   | n attested  |
| Appl   | licant's Pre   | evious Employer:                         |                       |            |             |          |               |               |           |            |             |
| 1      | Address: _     |                                          |                       |            |             |          |               |               | (str      | eet, city, | state, zip) |
| 5      | Supervisor     | 's Name:                                 |                       |            |             | _ Phon   | e:            |               | Fax:      |            |             |
| F      | -mail:         | fromto                                   |                       | Cross      | Monthly     | Incomo   | . ტ           | D!            | •         |            |             |
|        | Imployed       | 11011110                                 |                       | _ Gross    | Monthly     | income   | : \$          | Posi          | ion:      |            |             |
| Des    | cribe other    | r income Applican                        | it wants co           | onsidere   | ed:         |          |               |               |           |            |             |
|        |                |                                          |                       |            |             |          |               |               |           |            |             |
|        |                |                                          |                       |            |             |          |               |               |           |            |             |
| Lict   | all vahiala    | o to be newled an                        | the Duese             |            |             |          |               |               |           |            |             |
| LISU   |                | s to be parked on                        |                       |            | Madal       |          |               |               |           |            |             |
|        | <u>Type</u>    | Year                                     | Make                  |            | Model       |          | License Pla   | te No./State  |           | Mo.Pyr     | mnt.        |
|        |                |                                          |                       |            |             |          |               |               |           |            |             |
|        |                |                                          |                       |            |             |          |               |               |           |            |             |
|        |                |                                          |                       |            |             |          |               |               |           |            |             |
| Will   | any pets (     | dogs, cats, birds,                       | reptiles, fi          | sh, and    | other pe    | ts) be k | ept on the    | Property?     | ☐ yes     | ☐ n        | 0           |
| ir yes | s, list all p  | ets to be kept on                        | the Prope             | rty:       |             |          |               |               |           |            |             |
| Type   | & Breed        | Name                                     | Color M               | /oight A   | go in Vro   | Condor   | Noutorodo     | Dealawado     | Rabies    | ;<br>+0 DH | L- I !!-4 0 |
| 1,700  | <u>a Brood</u> | Name                                     | <u>COIOI</u> <u>V</u> | veignt A   | ge III 115. | Gender   | □ Y □ N       | Declawed?     | Snots Cur | rent? Bit  | te History? |
|        |                |                                          |                       |            |             |          |               | OYON          |           | N D        | VON         |
|        |                |                                          |                       |            |             |          |               | OYON          |           | N D        | VDN         |
|        |                |                                          |                       |            |             |          |               | OYON          |           |            | YON         |
| V      | NI-            |                                          |                       |            |             |          |               | 3 / 3 N       |           |            | 1 4 10      |
| Yes    | No<br>□        | Mill and water                           |                       |            |             |          |               |               |           |            |             |
|        |                | Will any water                           | beds or w             | ater-tille | ea furnitu  | ire be o | n the Prop    | erty?         |           |            |             |
|        |                | Does anyone                              |                       |            |             |          | ke?           |               |           |            |             |
|        |                | Will Applicant                           |                       |            |             |          |               |               |           |            |             |
|        |                | Is Applicant o                           | r Applican            | t's spou   | se, even    | if sepa  | rated, in m   | ilitary?      |           |            |             |
|        |                | If yes, is t                             | he military           | person     | serving     | under d  | orders limiti | na the milit  | arv pers  | on's st    | av to       |
|        |                | one year                                 |                       |            | 0           |          |               |               | ,         |            | .,          |
|        |                | Has Applican                             |                       |            |             |          |               |               |           |            |             |
|        |                | been evic                                |                       |            |             |          |               |               |           |            |             |
|        | ā              |                                          |                       | o out by   | o landla    | -42      |               |               |           |            |             |
|        | ö              |                                          | ed to move            |            |             |          |               |               |           |            |             |
|        |                |                                          | a lease or            |            | agreeme     | nt?      |               |               |           |            |             |
|        |                |                                          | ankruptcy'            |            |             |          |               |               |           |            |             |
|        |                |                                          | erty in a for         |            |             |          |               |               |           |            |             |
|        |                | had <u>any</u> c                         | redit prob            | lems, in   | cluding a   | any outs | standing de   | bt (e.g., stu | ident loa | ns or r    | nedical     |
|        |                | bills), slov                             | v-pays or             | delinque   | encies?     |          |               |               |           |            |             |
|        |                | been con                                 | victed of a           | crime?     | If yes, p   | rovide t | he location   | , year, and   | type of o | convict    | ion         |
|        |                | below.                                   |                       |            |             |          |               |               |           |            |             |

(TAR-2003) 2-1-18

| Reside            | ential Lease A                                                  | pplication concerning 25448 Northoark Lake DR                                                                                                                                                                                                                                                                                                                                                  | Porter                                                                                          | TX                 | 77365                  |
|-------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------|------------------------|
|                   |                                                                 | Is any occupant a registered sex offender? If yes, proconviction below.                                                                                                                                                                                                                                                                                                                        |                                                                                                 | nd type            | e of                   |
|                   |                                                                 | Is there additional information Applicant wants consider                                                                                                                                                                                                                                                                                                                                       | dered?                                                                                          |                    |                        |
| Additi<br>Tenar   | onal comm                                                       | nents:<br>mit deposits within 3 days of being notified                                                                                                                                                                                                                                                                                                                                         | of approval.                                                                                    |                    |                        |
| tenan<br>(1<br>(2 | cy, to:<br>) obtain a d<br>) obtain a d<br>) verify any         | Applicant authorizes Landlord and Landlord's agent, copy of Applicant's credit report; criminal background check related to Applicant and any rental or employment history or verify any other information.                                                                                                                                                                                    | / occupant; and                                                                                 |                    |                        |
| separ             | ate written                                                     | lord's Right to Continue to Show the Property: Un agreement otherwise, the Property remains on the many continue to show the Property to other prospective to                                                                                                                                                                                                                                  | arket until a lease is signe                                                                    | d by al            | Il parties             |
| Priva<br>reque    | cy Policy:<br>st.                                               | Landlord's agent or property manager maintains a                                                                                                                                                                                                                                                                                                                                               | a privacy policy that is                                                                        | availab            | le upon                |
| proce             | ssing and r<br>sit of \$                                        | t submits a non-refundable fee of \$\_50.00\] to Morrise eviewing this application. Applicant \(\sigma\) submits \(\frac{1}{2}\), 895.00\] to be applied to the security deposit upon se is not executed.                                                                                                                                                                                      | will not submit an a                                                                            | applica            | ation                  |
| (2)               | Signing to selection such as of Applicant this appli of any lea | ent & Representation: this application indicates that Applicant has had the criteria, which is available upon request. The tenar criminal history, credit history, current income and rentat understands that providing inaccurate or incomplete cation and forfeiture of any application fee and may be ase the Applicant may sign. It represents that the statements in this application are | nt selection criteria may in all history.  e information is grounds to grounds to declare Appli | nclude<br>for reje | e factors<br>ection of |
| Applica           | nt's Signature                                                  | e Date                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                    |                        |
|                   |                                                                 | For Landlord's Use:                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                    |                        |
| On                |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | (name/ii                                                                                        | nitials)           | notified               |
| ☐ App             | olicant 🗕                                                       | by 🗇 phot                                                                                                                                                                                                                                                                                                                                                                                      | ne 🛭 mail 🗖 e-mail 🖵 fa.                                                                        | x 🛮 in             | person                 |
| that A            | pplicant wa                                                     | as □ approved □ not approved. Reason for disapprov                                                                                                                                                                                                                                                                                                                                             | /al:                                                                                            |                    |                        |
|                   |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                    |                        |



# 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

| o lease a property l                                                                                             | ocated at 25448 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | orthoark Lake                                                                    |                                                        |                                            | ), have submi                                        |                       | 77365                               |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------------|-------------------------------------|
| , , ,                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                        |                                            | (address,                                            |                       |                                     |
| he landlord, broker                                                                                              | , or landlord's repre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | esentative is:                                                                   |                                                        |                                            |                                                      |                       |                                     |
|                                                                                                                  | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Morris Austin                                                                    |                                                        |                                            | (name)                                               |                       |                                     |
| 7320 N                                                                                                           | Mo-Pac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                        |                                            | (address)                                            |                       |                                     |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n                                                                                |                                                        |                                            |                                                      | , zip)                |                                     |
| (5                                                                                                               | 12) 709-6343                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (phone)                                                                          | (888) 643-                                             | -9502                                      | (fax)                                                |                       |                                     |
|                                                                                                                  | bil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l@teamprice.c                                                                    | om                                                     |                                            | (e-mail)                                             |                       |                                     |
| give my permission                                                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                        |                                            |                                                      |                       |                                     |
| (1) to my curre                                                                                                  | nt and former emp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | oloyers to relea                                                                 | se any inforn                                          | nation abo                                 | ut my employ                                         | yment h               | istory ar                           |
| (2) to my currer named personal (3) to my currer information at (4) to my bank,                                  | ry to the above-nar<br>at and former land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | med person; lords to release tgage lenders of payment history                    | any informat<br>on property the<br>on the above        | ion about<br>nat I own<br>-named pe        | my rental his<br>or have ownerson;                   | tory to t             | the above                           |
| (2) to my currer named personal (3) to my currer information at (4) to my bank, the above-named (5) to the above | ry to the above-nare at and former landle on; at and former more about my mortgage savings and loan, of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | med person; lords to release tgage lenders of payment history or credit union to | any information property the to the above provide a ve | ion about nat I own named pe rification of | my rental his<br>or have ownerson;<br>f funds that I | tory to t<br>ed to re | the above<br>elease ar<br>deposit   |
| (2) to my currer named personal (3) to my currer information at (4) to my bank, the above-named (5) to the above | ry to the above-nare at and former landle on; at and former more about my mortgage savings and loan, of amed person; and and one of the content of the conte | med person; lords to release tgage lenders of payment history or credit union to | any information property the to the above provide a ve | ion about nat I own named pe rification of | my rental his<br>or have ownerson;<br>f funds that I | tory to t<br>ed to re | the above<br>elease an<br>deposit t |

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

request.



### PET AGREEMENT

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED. ©Texas Association of REALTORS®, Inc. 2018

### ADDENDUM TO RESIDENTIAL LEASE CONCERNING THE PROPERTY AT

25448 Northoark Lake DR

|  | A. | PET | AUTH | ORIZA | TION | AND | PFT | DESCRIPTION | d- |
|--|----|-----|------|-------|------|-----|-----|-------------|----|
|--|----|-----|------|-------|------|-----|-----|-------------|----|

| _                                                                                                                | TITO HOLDHOULK LUNG DIC                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                        | FOLCEL               | IA //365            |  |  |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------|----------------------|---------------------|--|--|--|
|                                                                                                                  | NOTICE: An assistance animal                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is not a pet. Do not use this ag                                   | greemen                | nt if animal is an a | ssistance animal.   |  |  |  |
| A.                                                                                                               | PET AUTHORIZATION AND PE                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ET DESCRIPTION:                                                    |                        |                      |                     |  |  |  |
|                                                                                                                  | (1) Tenant may not keep any p includes any animal, whethe                                                                                                                                                                                                                                                                                                                                                                                                                         | et on the Property unless spe<br>r mammal, reptile, bird, fish, re | ecifically<br>odent, o | authorized by th     | is agreement. "Pet" |  |  |  |
|                                                                                                                  | (2) Tenant may keep the following                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng pet(s) on the Property until                                    | the abo                | ve-referenced lea    | ase ends.           |  |  |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ Breed:<br>ht:<br>Declawed? □ yes □ no                            |                        |                      |                     |  |  |  |
|                                                                                                                  | Neutered? ☐ yes ☐ no                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Declawed? ☐ yes ☐ no                                               | _ Age                  | Rabies Shots C       | current? u yes u no |  |  |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                        |                      |                     |  |  |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                        |                      |                     |  |  |  |
| Type: Breed: Name:   Color: Weight: Age: Gender:   Neutered? □ yes □ no Declawed? □ yes □ no Rabies Shots Curren |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                        |                      |                     |  |  |  |
|                                                                                                                  | Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ Breed:<br>ht:<br>Declawed? □ yes □ no                            |                        | _ Name:              |                     |  |  |  |
|                                                                                                                  | Color: Weig                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ht:                                                                | _ Age:_                | Gender:              |                     |  |  |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                        |                      |                     |  |  |  |
|                                                                                                                  | Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ Breed:                                                           |                        | Name:                |                     |  |  |  |
|                                                                                                                  | Color:Weig                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _Age:_                                                             | Gender:                |                      |                     |  |  |  |
|                                                                                                                  | Neutered? ☐ yes ☐ no                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Declawed? ☐ yes ☐ no                                               |                        | Rabies Shots C       | urrent? ☐ yes ☐ no  |  |  |  |
|                                                                                                                  | 3. CONSIDERATION: In consideration for Landlord's authorization for Tenant to keep the pet(s) described in Paragraph A on the Property, the parties agree to the following. (Check any one or any combination of the following.)                                                                                                                                                                                                                                                  |                                                                    |                        |                      |                     |  |  |  |
|                                                                                                                  | (1) On or before the date Tenant moves into the Property, Tenant will pay Landlord a pet deposit of \$\frac{400.00}{\text{part}}\$. The pet deposit is an increase in the security deposit in the lease and is made part of the security deposit for all purposes. This increase in the security deposit is not refundable before the lease ends, even if the pet is removed. Any refund of the security deposit, including this increase, is governed by the terms of the lease. |                                                                    |                        |                      |                     |  |  |  |
|                                                                                                                  | (2) The monthly rent in the lease                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e is increased to \$                                               |                        | -                    |                     |  |  |  |
| <b>2</b>                                                                                                         | (3) Tenant will, upon execution non-refundable payment.                                                                                                                                                                                                                                                                                                                                                                                                                           | of this agreement, pay Landlo                                      | rd \$                  | 400.00               | as a one-time,      |  |  |  |
| C.                                                                                                               | PET RULES: Tenant must:  (1) take all reasonable action to (2) comply with all applicable enforceable regulations regard                                                                                                                                                                                                                                                                                                                                                          | statutes, ordinances, restric                                      |                        |                      |                     |  |  |  |
| (TX                                                                                                              | R-2004) 2-1-18 Initialed for Identification                                                                                                                                                                                                                                                                                                                                                                                                                                       | by Tenants:                                                        |                        | and Landlord:        | . Page 1 of 2       |  |  |  |

Page 2 of 2

- (3) keep the rabies shots of any pet current;
- (4) confine any pet that is a dog or cat, when outside, by fences or on leashes under Tenant's control;
- (5) confine any pet other than a dog or cat in appropriate cages at all times;
- (6) promptly remove any pet waste from the Property, including all living areas, garages, storage areas, yards, porches, patios, courtyards, and decks; and
- (7) promptly remove from the Property any offspring of any pet.
- **D. ACCESS:** Tenant must remove or confine any pet at any time that the pet is likely to limit or prohibit Landlord or other persons access to Property in its entirety as permitted by the lease.

#### E. DISCLOSURE CONCERNING PETS:

- (1) Is Tenant aware of whether any of the pets described under this addendum has ever bitten or injured another person? ☐ Yes ☐ No If yes, explain:
- (2) Is Tenant aware of whether any of the pets described under this addendum has any propensity or predisposition to bite or injure someone? ☐ Yes ☐ No If yes, explain:

### F. TENANT'S LIABILITY:

- (1) Tenant is responsible and liable for:
  - (a) any damage to the Property or any item in the Property caused by any pet;
  - (b) any personal injuries to any person caused by any pet; and
  - (c) any damage to any person's property caused by any pet.
- (2) Tenant will pay all reasonable costs that are necessary to clean, deodorize, deflea, or repair any part of the Property, including but not limited to the carpets, doors, walls, drapes, wallpaper, windows, screens, furniture, appliances, sod, yard, fences, or landscaping.
- G. INDEMNIFICATION: Tenant will protect, defend, indemnify, and hold Landlord, Landlord's property manager, and Landlord's agents harmless from any damages, costs, attorney's fees, and expenses that are caused by the act of any pet or Tenant.
- H. DEFAULT: If Tenant breaches any provision in this pet agreement, Landlord may exercise all or any of the remedies described under Paragraph 9B of the lease.

### I. SPECIAL PROVISIONS:

(TXR-2004) 2-1-18

Tenant understands that a pet FEE of \$400 for the 1st pet is nonrefundable. Tenant understands that if a second pet is allowed an additional DEPOSIT of \$400 that may or may not be refunded based on overall conditions left behind after move out by

| Landlord Bart Nail                                                                   | Date  | Tenant | Date |  |  |
|--------------------------------------------------------------------------------------|-------|--------|------|--|--|
| Landlord                                                                             | Date  | Tenant | Date |  |  |
| Or signed for Landlord under written property manage agreement or power of attorney: | ement | Tenant | Date |  |  |
| Ву:                                                                                  |       |        |      |  |  |
| Printed Name: Morris LaRue Austin                                                    |       | Tenant | Date |  |  |
| Firm Name: Team Price Real Estat                                                     | e     |        |      |  |  |



RESPONSE TO REQUEST FOR ASSISTANCE ANIMAL
USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.
©Texas Association of REALTORS®, Inc. 2018

| To:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                | (Applica       | nt/Tenant)  |  |  |  |  |  |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|----------------|-------------|--|--|--|--|--|
| Fron        | :Bart Nail                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                |                | (Landlord)  |  |  |  |  |  |
| Con         | erning the Property at 25448 Northoark La                                                                                                                                                                                                                                                                                                                                                                                                            | ke DR                                    | Porte                                          | r TX           | 77365       |  |  |  |  |  |
| (<br>(<br>( | andlord imposes the following conditions or residual Landlord prohibits all pets in the Property.  Landlord allows only the following pets in the Property.  Landlord allows only the following pets in the Property.  Landlord allows only the following pets in the Property.  Landlord restricts the breed, size, and/or weight of No Aggressive Breeds - >401b -  Landlord charges a pet deposit or fee.  Other: See Pet Agreement Special Provi | perty: Breed Lir<br>ad of pet it i       | nitations - Siz                                | e Limited to   | >401b       |  |  |  |  |  |
|             | <ol> <li>You have requested Landlord modify or provide an exception to the above restriction(s) for the assistance<br/>animal described below.</li> </ol>                                                                                                                                                                                                                                                                                            |                                          |                                                |                |             |  |  |  |  |  |
| t           | either your disability or the disability-related need Landlord, Landlord may request you submit reced for the assistance animal.                                                                                                                                                                                                                                                                                                                     |                                          |                                                |                |             |  |  |  |  |  |
| D. L        | andlord will evaluate your request in accordanc                                                                                                                                                                                                                                                                                                                                                                                                      | e with fair housir                       | ng laws and will re                            | spond promptly | y.          |  |  |  |  |  |
| Т           | nis form was provided by:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | or Landlord under writ<br>nt agreement or powe |                |             |  |  |  |  |  |
| ī           | andlord Bart Nail Date                                                                                                                                                                                                                                                                                                                                                                                                                               | Ву:                                      |                                                |                | Date        |  |  |  |  |  |
| ī           | andlord Date                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                |                |             |  |  |  |  |  |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of assistance animowing information, the |                                                | Landlord.      |             |  |  |  |  |  |
| By si       | Applicant/Tenant: Please complete the following information, then sign and return to Landlord.  Name:                                                                                                                                                                                                                                                                                                                                                |                                          |                                                |                |             |  |  |  |  |  |
|             | ant/Tenant Date                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                |                | Page 1 of 1 |  |  |  |  |  |