Received on	(date) at	(time)	,



RESIDENTIAL LEASE APPLICATION

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

Property Address:				
Anticipated: Move-in Date:		Securit	ty Deposit:\$	
Initial Lease Term Requested:	(months)			
Property Condition: Applicant is Landlord makes no express or im				
following repairs or treatments sh	ould Applicant and Landlord	enter into a lease:	·	
				<u> </u>
Applicant was referred to Landlor				
Real estate agent Sign Inter	(name)	(phone)	(e-	-mail)
☐ Newspaper ☐ Sign ☐ Inter	net Uther			
Applicant's name (first, middle, las	st)			
Is there a co-applicant?	yes no If yes, co-a	pplicant must submit a se	eparate application.	
Applicant's former last na	me (maiden or married)	•	• • • • • • • • • • • • • • • • • • • •	
E-mail		Home Phone		
Work Phone		Mobile/Pager		
Soc Sec No	Driver License	No.	in (sta	ate)
000. 000. 110.				
Date of Birth	Height	Weight	Eye Color	
Date of BirthM	Height arital Status	Weight Citizenship _	Eye Color <i>(cou</i>	ntry)
Work Phone Soc. Sec. No. Date of Birth Hair Color M Emergency Contact: (Do not inse			Eye Color <i>(cou</i>	ntry)
Date of Birth Hair Color M Emergency Contact: (Do not inse			Eye Color <i>(cou</i>	ntry)
Emergency Contact: (Do not inse	rt the name of an occupant o	or co-applicant.)		ntry)
Emergency Contact: (Do not inse	rt the name of an occupant o	or co-applicant.)		ntry)
Emergency Contact: (Do not inse	rt the name of an occupant o	or co-applicant.)		ntry)
Emergency Contact: (Do not inse Name: Address: Phone:	rt the name of an occupant o	or co-applicant.)		ntry)
Emergency Contact: (Do not inse Name: Address: Phone: Name all other persons who will of	rt the name of an occupant o	or co-applicant.)		
Emergency Contact: (Do not inservation Name: Address: Phone: Name all other persons who will on Name: Name: Address.	rt the name of an occupant o	or co-applicant.) Relationship:	Age:	
Emergency Contact: (Do not inse Name: Address: Phone: Name all other persons who will on the contact of the c	rt the name of an occupant o	r co-applicant.) Relationship: Relationship:	Age: Age:	
Emergency Contact: (Do not inse Name: Address: Phone: Name all other persons who will of Name: Name: Name: Name:	rt the name of an occupant o	r co-applicant.) Relationship:Relationship:Relationship:	Age: Age: Age:	
Emergency Contact: (Do not inse Name: Address: Phone: Name all other persons who will of Name: Name: Name: Name: Name:	rt the name of an occupant o	r co-applicant.) Relationship:Relationship:Relationship:	Age: Age: Age: Age:	
Emergency Contact: (Do not inse Name: Address: Phone: Name all other persons who will of Name: Name: Name: Name:	rt the name of an occupant o	r co-applicant.) Relationship:Relationship:Relationship:	Age: Age: Age: Age:	
Name: Name: Address: Phone: Name all other persons who will on the control of	rt the name of an occupant o	Relationship: Relationship: Relationship: Relationship: Relationship:	Age: Age: Age: Age: Apt. No (city, state,	zip)
Name: Name: Address: Phone: Name all other persons who will on the control of	rt the name of an occupant o	Relationship: Relationship: Relationship: Relationship: Relationship:	Age: Age: Age: Age: Apt. No (city, state,	zip)
Name: Name: Address: Phone: Name all other persons who will on the control of	rt the name of an occupant o	Relationship: Relationship: Relationship: Relationship: Relationship:	Age: Age: Age: Age: Apt. No (city, state,	zip)
Name: Name: Address: Phone: Name all other persons who will of Name: Name: Name: Name: Name: Landlord or Property Manage Phone: Day: Date Moved-In:	er's Name: Nt:Move-Out Date	Relationship: Relationship: Relationship: Relationship: Relationship: Email:	Age: Age: Age: Age: Apt. No (city, state,	zip)
Name: Name: Address: Phone: Name all other persons who will on the control of	er's Name: Nt:Move-Out Date	Relationship: Relationship: Relationship: Relationship: Relationship: Email:	Age: Age: Age: Age: Apt. No (city, state,	zip)
Name: Name: Address: Phone: Name all other persons who will of Name: Name: Name: Name: Name: Landlord or Property Manage Phone: Day: Date Moved-In:	er's Name: Nt:Move-Out Date	Relationship: Relationship: Relationship: Relationship: Email:	Age:Age:Age:Age:Age:Age:Age:Apt. No(city, state,	zip)
Rame: Address: Phone: Name: Address: Phone: Name: Applicant's Current Address: Phone: Phone	rt the name of an occupant of E-mail:	Relationship: Relationship: Relationship: Relationship: Relationship: Email:	Age:Age:Age:Age:Age:Age:Age:Apt. No(city, state,Rent \$Apt. No(city, state,	zip)
Name: Name: Address: Phone: Name all other persons who will on the control of	rt the name of an occupant of E-mail:	Relationship: Relationship: Relationship: Relationship: Relationship: Email:	Age:Age:Age:Age:Age:Age:Age:Apt. No(city, state,Rent \$Apt. No(city, state,	zip)

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Reside	ential Lease Ap	plication concerning				
D	ate Moved-Ir	1	Move-Out [Date	Rent \$	
		ove:			·	
Applia	ant'a Curran	t Employer				
Applic	ddress:	t Employer:			(st	reet, city, state, zip)
Si	unervisor's N	lame:		Phone:	(st Fax	
F.	-mail·			1 110110	1 W	
St	tart Date:	Gros	s Monthly Income	: \$	Position:	
N	ote. II App	icani is sen-employed	u, Landioru iliay re	equire one or more p	previous year's tax return	attested by a CPA,
	attorn	ey, or other tax profes	ssional.			
Applic	ant's Previou	us Employer:				
A	ddress:				(st	reet, city, state, zip)
Si	upervisor's N	lame:		Phone:	Fax	C:
E-	-mail:					
E	mployed fron	n to	Gross Mo	onthly Income: \$	Position:	
Doggr	iho othor ino	omo Annlicant wente	considered:			
Desci	ibe other inc	ome Applicant wants	considered			
List al	I vehicles to	be parked on the Pro	pertv:			
	<u>Type</u>		Make	Model	License Plate No./State	<u>Mo.Pymnt.</u>
	-,.					•
•	Breed	o be kept on the Prop	Weight Age in Yrs	\[\] Y	tered? Declawed? Shots	abies Current?Bite History? N Y N
					\square N \square Y \square N \square Y	N
<u>Yes</u>	<u>No</u>					
		Will any waterb	eds or water-filled	furniture be on the	Property?	
		_	ho will occupy the			
			naintain renter's in			
				e, even if separated,		
				serving under orde	ers limiting the military p	erson's stay to one
		year or less				
		Has Applicant				
		been evicte		المسطام سط		
			to move out by a			
H			lease or rental ag	reement?		
H		filed for bar)		
H			ty in a foreclosure?		ing dobt (o.g. student los	no or modical billa
				uding any odisiand	ing debt (e.g., student loa	ans or medical bills),
			or delinquencies?	vos provido the lea	eation year and type of a	onviction below
H	\vdash				cation, year, and type of c	
Ш		conviction belo		ex onender? If ye	s, provide the location,	year, and type of
				plicant wants consid	dered?	
\Box		is there audition	nai imormation App	piioani wanta consid	iord:	

Residential Lease Application concerning
Additional comments:
Authorization: Applicant authorizes Landlord and Landlord's agent, at any time before, during, or after any tenancy, to: (1) obtain a copy of Applicant's credit report; (2) obtain a criminal background check related to Applicant and any occupant; and (3) verify any rental or employment history or verify any other information related to this application with persons knowledgeable of such information.
Notice of Landlord's Right to Continue to Show the Property: Unless Landlord and Applicant enter into a separate written agreement otherwise, the Property remains on the market until a lease is signed by all parties and Landlord may continue to show the Property to other prospective tenants and accept another offer.
Privacy Policy: Landlord's agent or property manager maintains a privacy policy that is available upon request.
Fees: Applicant submits a non-refundable fee of \$ to (entity or individual) for processing and reviewing this application. Applicant submits will not submit an application deposit of \$ to be applied to the security deposit upon execution of a lease or returned to Applicant if a lease is not executed.
 Acknowledgement & Representation: Signing this application indicates that Applicant has had the opportunity to review Landlord's tenant selection criteria, which is available upon request. The tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this application and forfeiture of any application fee and may be grounds to declare Applicant in breach of any lease the Applicant may sign. Applicant represents that the statements in this application are true and complete.
Applicant's Signature Date
For Landlord's Use:
On, (name/initials) notified
Applicant
approved not approved. Reason for disapproval:

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request.



AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

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		(Applicant), have submitted an application
to lease a property located at		
		(address, city, state, zip).
The landlerd broker or landlerd's representation	vo io	
The landlord, broker, or landlord's representative		(name)
	Trinity Realty TX 594 Sawdust Rd, #204	
		
	, TX 77380	
	none) nityrealtytx.com	` ` '
support@till	mtyreattytx.com	(e-mail)
I give my permission:		
r give my permission.		
to my current and former employers to the above-named person;	release any information abo	out my employment history and income history to
(2) to my current and former landlords to re	elease any information abou	ut my rental history to the above-named person;
(3) to my current and former mortgage lend my mortgage payment history to the ab		or have owned to release any information about
(4) to my bank, savings and loan, or cre above-named person; and	edit union to provide a veri	ification of funds that I have on deposit to the
(5) to the above-named person to obtain a agency and to obtain background inform		port (credit report) from any consumer reporting
Applicant's Signature	Date	

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