## RESIDENTIAL LEASE APPLICATION

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

| Property Address: 5701 Village Arbour Drive,  | , Katy, TX 77493    |                      |                        |                     |
|---|---------------------|----------------------|------------------------|---------------------|
| Anticipated: Move-in Date:  | Monthly Rent:       | \$2050               | Security Depos         | it: \$2050          |
| Anticipated: Move-in Date:  | (months)            |                      |                        |                     |
| Property Condition: Applicant  has ha   | as not viewed the F | Property in-person p | rior to submittin      | g this application. |
| Applicant is strongly encouraged to   | view the Property   | v in-nerson nrior 1  | o submitting           | any annlication     |
| Landlord makes no express or implied veconsider the following repairs or treatment                              | warranties as to th | e Property's conditi | on. Applicant re       | equests Landlord    |
| Applicant was referred to Landlord by:  ☐ Real estate agent   |                     | (phon                | e)                     | <u>(</u> e-mail)    |
| ☐ Real estate agent ☐ Newspaper ☐ Sign ☐ Internet ☐ O   | other               | ,V                   | /                      |                     |
| Applicant's name (first, middle, last)  Is there a co-applicant?  yes Applicant's former last name (mail E-mail | iden or married)    | Home Phone           |                        |                     |
| Work Phone  |                     | Mobile               |                        |                     |
| Soc. Sec. No.   | Driver License N    | No                   | i                      | nstate)             |
| Work Phone Soc. Sec. No. Date of Birth Hair Color Marital Status  | ight                | Weight               | Eye Color _            |                     |
|   |                     |                      |                        |                     |
| Emergency Contact: (Do not insert the na  | ame of an occupar   | nt or co-applicant.) |                        |                     |
| Name and Relationship:  |                     |                      |                        |                     |
| Address:  |                     |                      |                        |                     |
| City:   | State:              | Zip Cod              | le:                    |                     |
| Address: City: Phone:   | E-mail:             |                      | •                      |                     |
| Name all other persons who will occupy to   | the Property:       |                      |                        |                     |
| Name:   | ille Froperty.      | Relationship         | )·                     | Age:                |
| Name:   |                     | Relationship         |                        | Age:                |
| Name:   |                     | Relationship         |                        | Age:                |
| Name:   |                     | Relationship         |                        | Age:                |
| Applicant's Current Address:  |                     |                      | Apt.                   |                     |
| Landlard or Dronarty Managar's Name   | 0:                  | F                    | moil:                  | (city, state, zip)  |
| Landlord or Property Manager's Nam Phone: Day: Nt:  | E                   |                      | mail:                  |                     |
| Phone: <i>Day:Nt:</i> _<br>Date Moved-In  | Move-Out Dat        | Mb:                  | <i>Fax:</i><br>Rent \$ |                     |
| Reason for move:  | IVIOVG-Out Dat      |                      | ινοιιι ψ               |                     |
| 1 (Cason for filove,  |                     |                      |                        |                     |

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EXP REALTY, LLC

| Applic   | cant's Previou               | s Address:                           |                   |  |                |                    |               | Apt. No.             |                    |
|----------|------------------------------|--------------------------------------|-------------------|--|----------------|--------------------|---------------|----------------------|--------------------|
| ا        | andlard or Dro               | perty Manager's                      | Nomo:             |  |                |                    | Emoil:        |                      | (city, state, zip) |
| La<br>Di |                              | perty Managers                       | Name              |  | Mh             |                    | _ = IIIaII    | Fov:                 |                    |
| D:       | ate Moved-In                 |                                      | M                 | ove-Out                                | <sub>IMD</sub> |                    | Rent          | \$                   |                    |
| Re       | eason for mov                | e:                                   |                   | ove-out                                | Datc           |                    |               | Ψ                    |                    |
| "        |                              |                                      |                   |  |                |                    |               |                      |                    |
| Applic   | cant's Current               | Employer:                            |                   |  |                |                    |               |                      |                    |
| Ad       | ddress:                      | : <b>f</b> : <b>-</b> : <b>O t</b> - | _1.               |  |                |                    | Discourse     | (street,             | city, state, zip)  |
| Er       | mpioyment ve                 | rification Conta                     | CI <u>:</u>       |  |                |                    | Pnone:        |                      |                    |
| C+       | ax                           |                                      | E-IIIaII <u>.</u> | /onthly                                | Incomo: ¢      | •                  | Pocit         | ion:                 |                    |
| St<br>M  | ait Date<br>ote:   If Annlic | ant is self-empl                     | GIUSS IV          | ord may                                | require o      | ne or more         | nrevious v    | uon.<br>maris tav re | turn attested      |
| 7 V      |                              | A, attorney, or c                    |                   |  |                | ine or more        | previous y    | cars lax re          | turri attested     |
|          | -                            | -                                    | -                 |  |                |                    |               |                      |                    |
| Applic   | cant's Previou               | s Employer:                          |                   |  |                |                    |               |                      |                    |
| Ac       | ddress:                      | rification Contacto                  |                   |  |                |                    |               | (street,             | city, state, zip)  |
| Er       | mployment Ve                 | rification Conta                     | ct:               |  |                | P                  | hone:         |                      |                    |
| Fa       | ax:                          | to                                   | E-mail:           |  |                |                    |               |                      |                    |
|          | Tiployed Itolii              | i.o.                                 | Gios              | S WOUL                                 | ily illicollis | σ. ψ               | F USII        | JUII.                |                    |
| N        | • • •                        | nt is responsible                    | tor incluaing     | g tne ap <sub>l</sub>                  | bropriate (    | contact into       | rmation tor   | empioymei            | nt verification    |
|          | purpose                      | S.                                   |                   |  |                |                    |               |                      |                    |
| Descr    | ibe other inco               | me Applicant w                       | ants conside      | ered.                                  |                |                    |               |                      |                    |
| Doool    | ibo otrioi irioo             | mo Applicant W                       | anto conolac      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |                    |               |                      |                    |
|          |                              |                                      |                   |  |                |                    |               |                      |                    |
|          |                              |                                      | _                 |  |                |                    |               |                      |                    |
| List al  |                              | e parked on the                      |                   | N4                                     | اما            | Lisanas Dis        | t- No /0t-t-  | N 4.                 | Deument            |
|          | <u>Type</u>                  | <u>Year</u>                          | <u>Make</u>       | Mod                                    | <u>161</u>     | <u>License Pla</u> | te No./State  | IVIC                 | <u>o. Payment</u>  |
|          |                              |                                      |                   |  |                |                    |               |                      |                    |
|          |                              |                                      |                   |  |                |                    |               |                      |                    |
|          |                              | , , , ,                              | 6. 1              |  |                |                    |               |                      |                    |
|          | • ,                          | ogs, cats, birds,                    | reptiles, fish    | i, and ot                              | ner types      | of animais)        | be kept on    | the Proper           | ty? ⊔ yes          |
| ☐ n      |                              | ls to be kent on                     | the Property      | <i>i</i> •                             |                |                    |               |                      |                    |
| ii yes   | , iist ali ariiiriai         | s to be kept on                      | the Property      | <b>/</b> •                             |                |                    |               | Rabies               | Assistance         |
| Type &   | Breed Name                   | <u>Color</u>                         | Weight Age        | e in Yrs.                              | <u>Gender</u>  | Neutered?          | Bite History? | Shots Currer         |                    |
|          |                              |                                      |                   |  |                |                    |               |                      |                    |
|          |                              |                                      |                   |  |                |                    |               |                      |                    |
|          |                              |                                      |                   |  |                |                    | □Y□N<br>□Y□N  |                      | □Y□N<br>□Y□N       |
|          |                              |                                      |                   |  |                | _                  |               |                      |                    |
|          |                              | als listed above                     |                   |  |                |                    | appropriat    | e documen            | tation with a      |
| reaso    | nable accomn                 | nodation reques                      | st for the ass    | istance                                | animal(s)      | •                  |               |                      |                    |
| Yes      | <u>No</u>                    |                                      |                   |  |                |                    |               |                      |                    |
|          |                              | Vill any waterbe                     | ds or water-t     | filled furi                            | niture be o    | on the Prop        | ertv?         |                      |                    |
|          |                              | oes anyone wh                        |                   |  |                | -                  | , .           |                      |                    |
|          |                              | Vill Applicant ma                    |                   | •                                      |                |                    |               |                      |                    |
|          |                              | Applicant or A                       |                   |  |                | arated, in m       | ilitary?      |                      |                    |
|          |                              | If yes, is the                       |                   |  | •              |                    | •             | ary person           | s stay to          |
|          |                              | one year or l                        | • •               |  | J              |                    | J             | , ,                  | ,                  |

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Ashley Niemi

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| Resider  | ntial Lease A  | Application concerning 5701 Village Arbour Drive, Katy, TX 77493   |  |  |
|--|--|--|--|--|
|  |  | Has Applicant ever: been evicted?  |  |  |
|  |  | been asked to move out by a landlord?  |  |  |
|  |  | breached a lease or rental agreement?  |  |  |
|  |  | filed for bankruptcy? lost property in a foreclosure?  |  |  |
|  |  | been convicted of a crime? If yes, provide the location, year, and type of conviction  |  |  |
|  |  | below.  Is any occupant a registered sex offender? If yes, provide the location, year, and type of   |  |  |
| _  | _  | conviction below.  |  |  |
|  |  | had <u>any</u> credit problems, slow-pays or delinquencies? If yes, provide more information below. Is there additional information Applicant wants considered?  |  |  |
| Additio  | nal comme  | ••   |  |  |
|  |  |  |  |  |
| tenanc<br>(1)<br>(2)<br>(3)  | y, to:<br>obtain a co<br>obtain a cr<br>verify any                             | Applicant authorizes Landlord and Landlord's agent, at any time before, during, or after any opy of Applicant's credit report; iminal background check related to Applicant and any occupant; and rental or employment history or verify any other information related to this application with powledges blood such information.  |  |  |
|  |  | nowledgeable of such information.  |  |  |
| <b>Notice of Landlord's Right to Continue to Show the Property:</b> 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. |  |  |  |  |
| Privac   | y Policy: L  | andlord's agent or property manager maintains a privacy policy that is available upon request.   |  |  |
| proces   | sing and re<br>t of \$   | submits a non-refundable fee of \$to(entity or individual) for eviewing this application. Applicant □ submits □ will not submit an application to be applied to the security deposit upon execution of a lease or returned to e is not executed.   |  |  |
| Ackno  | wledgeme   | ent & Representation:  |  |  |
| (1)  | Signing the selection of as criminal Applicant application any lease Applicant | his application indicates that Applicant has had the opportunity to review Landlord's tenant criteria, which is available upon request. The tenant selection criteria may include factors such all history, credit history, current income and rental history.  Understands that providing inaccurate or incomplete information is grounds for rejection of this and forfeiture of any application fee and may be grounds to declare Applicant in breach of the Applicant may sign.  The represents that the statements in this application are true and complete.  The is responsible for any costs associated with obtaining information.  |  |  |
|  |  |  |  |  |
| Applican   | t's Signature  | Date   |  |  |
| Forlone  | dord'o lloo:   |  |  |  |
| On   | dlord's Use:   | (name/initials) notified \( \textstyle \text |  |  |
|  |  | ,  |  |  |
|  |  | roved Reason for disapproval:  |  |  |

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## AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

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| l,  | (Applicant), have submitted an application  |
|---|---|
| to lease a property located at 5701 Village Arbour Drive  |   |
| Katy, TX 77493  | (address, city, state, zip).  |
| The landlord, broker, or landlord's representative is:  |   |
| ASHLEY NIEMI  | (name)  |
| ONE RIVERWAY, STE 1700  | (address)   |
| HOUSTON TX 77056  | (city, state, zip)  |
| 832-289-3245 (phone)  | (fax)   |
| ASHLEY@MOVE-MINT.COM  | (e-mail)  |
| I give my permission:   |   |
| <ul> <li>(2) to my current and former landlords to release any information;</li> <li>(3) to my current and former mortgage lenders on prinformation about my mortgage payment history to the to my bank, savings and loan, or credit union to protect the above-named person; and</li> <li>(5) to the above-named person to obtain a copy of my reporting agency and to obtain background information.</li> </ul> | roperty that I own or have owned to release any he above-named person; vide a verification of funds that I have on deposit to consumer report (credit report) from any consumer |
| Applicant's Signature  Note: Any broker gathering information about an applicant a  | Date acts under specific instructions to verify some or all   |

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upon request.

of the information described in this authorization. The broker maintains a privacy policy which is available