



### RESIDENTIAL LEASE APPLICATION

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

Property Address: 11619 NORMONT DR, HOUSTON, TX 77070  
Anticipated: Move-in Date: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_  
Initial Lease Term Requested: \_\_\_\_\_ (months)

#### A. Applicant Identification:

**Applicant's name** (as listed on proof of identification) \_\_\_\_\_  
Applicant's former last name (if applicable) \_\_\_\_\_  
E-mail \_\_\_\_\_ Mobile Ph. \_\_\_\_\_  
Work Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_  
Do you consent to receiving text messages?  yes  no Soc. Sec. No. \_\_\_\_\_  
Driver License/ID No. \_\_\_\_\_ in \_\_\_\_\_ (state) Date of Birth \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Are there co-applicants?  yes  no **Note: If yes, each co-applicant must submit a separate application.**  
Co-applicant's name \_\_\_\_\_ relationship \_\_\_\_\_  
Co-applicant's name \_\_\_\_\_ relationship \_\_\_\_\_  
Co-applicant's name \_\_\_\_\_ relationship \_\_\_\_\_

#### B. Property Condition:

Applicant  has  has not viewed the Property in-person prior to submitting this application.

**Applicant is strongly encouraged to view the Property in-person prior to submitting any application.**

Landlord makes no express or implied warranties as to the Property's condition. Applicant requests Landlord consider the following repairs or treatments should Applicant and Landlord enter into a lease:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

#### C. Representation and Marketing:

Is Applicant represented by a REALTOR® or other agent?  yes  no  
If yes, Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant was made aware of Property via:  
 Sign  Internet  Other \_\_\_\_\_

**D. Applicant Information:**

**Housing:**

**Applicant's Current Address:** \_\_\_\_\_ Apt. No. \_\_\_\_\_  
\_\_\_\_\_  
(city, state, zip)

Landlord or Property Manager's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Nt: \_\_\_\_\_ Mb: \_\_\_\_\_ Fax: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Reason for move: \_\_\_\_\_

**Applicant's Previous Address:** \_\_\_\_\_ Apt. No. \_\_\_\_\_  
\_\_\_\_\_  
(city, state, zip)

Landlord or Property Manager's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Nt: \_\_\_\_\_ Mb: \_\_\_\_\_ Fax: \_\_\_\_\_

Move In Date \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Reason for move: \_\_\_\_\_

**Employment and Other Income:**

**Applicant's Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ (street, city, state, zip)

Employment Verification Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Start Date: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

*Note: If Applicant is self-employed, Landlord may require one or more previous year's tax return attested by a CPA, attorney, or other tax professional.*

**Applicant's Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ (street, city, state, zip)

Employment Verification Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

*Note: Applicant is responsible for including the appropriate contact information for employment verification purposes.*

Describe other income Applicant wants considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact: (Do not insert the name of an occupant or co-applicant.)**

Name and Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**E. Occupant Information:**

Name all other persons that are not co-applicants who will occupy the Property:

Name: _____	Relationship: _____	DOB: _____
Name: _____	Relationship: _____	DOB: _____
Name: _____	Relationship: _____	DOB: _____
Name: _____	Relationship: _____	DOB: _____

**F. Vehicle Information:**

List all vehicles to be parked on the Property (cars, trucks, boats, trailers, motorcycles, other types of vehicles):

<u>Type</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License Plate No./State</u>	<u>Mo. Payment</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Note: State, local, and/or HOA ordinances may restrict your ability to park certain vehicles on the Property.**

**G. Animals:**

Will any animals (dogs, cats, birds, reptiles, fish, other types of animals) be kept on the Property?

yes  no

If yes, list all animals to be kept on the Property:

<u>Type &amp; Breed</u>	<u>Name</u>	<u>Color</u>	<u>Weight</u>	<u>Age in Yrs.</u>	<u>Gender</u>	<u>Neutered?</u>	<u>Bite History?</u>	<u>Rabies Shots Current?</u>	<u>Assistance Animal?</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**If any of the animals listed above are assistance animals, please provide appropriate documentation with a reasonable accommodation request for the assistance animal(s).**

**H. Additional Information:**

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Will any waterbeds or water-filled furniture be on the Property?  
 Does anyone who will occupy the Property smoke or vape?  
 Will Applicant maintain renter's insurance?  
 Is Applicant or Applicant's spouse, even if separated, in military?  
 If yes, is the military person serving under orders limiting the military person's stay to one year or less?

Has Applicant ever:

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.





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

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I, \_\_\_\_\_ (Applicant), have submitted an application to lease a property located at 11619 NORMONT DR, HOUSTON, TX 77070 \_\_\_\_\_ (address, city, state, zip).

The landlord, broker, or landlord's representative is:

<u>HOUSTON NORTHWEST PROPERTIES LLC</u>	(name)
<u>21175 S.H. 249, SUITE 215</u>	(address)
<u>HOUSTON, TX 77070</u>	(city, state, zip)
<u>(832)654-5953</u>	(phone)
<u>houstonnorthwestproperties@gmail.com</u>	(e-mail)

I give my permission:

- (1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- (2) to my current and former landlords to release any information about my rental history to the above-named person;
- (3) to my current and former mortgage lenders on property that I own or have owned to release any information about my mortgage payment history to the above-named person;
- (4) to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-named person; and
- (5) to the above-named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain background information about me.

\_\_\_\_\_  
Applicant's Signature Date

*Note: Any broker gathering information about an applicant acts under specific instructions to verify some or all of the information described in this authorization. The broker maintains a privacy policy which is available upon request.*