



### 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: \_\_\_\_\_ 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"/>	Will any waterbeds or water-filled furniture be on the Property?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone who will occupy the Property smoke or vape?
<input type="checkbox"/>	<input type="checkbox"/>	Will Applicant maintain renter's insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant or Applicant's spouse, even if separated, in military?
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	been evicted?
<input type="checkbox"/>	<input type="checkbox"/>	been asked to move out by a landlord?
<input type="checkbox"/>	<input type="checkbox"/>	breached a lease or rental agreement?
<input type="checkbox"/>	<input type="checkbox"/>	filed for bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	lost property in a foreclosure?
<input type="checkbox"/>	<input type="checkbox"/>	been convicted of a crime? If yes, provide the location, year, and type of conviction below.

Yes      No

- Is any occupant a registered sex offender? If yes, provide the location, year, and type of conviction below.
- Has applicant had any credit problems, slow-pays or delinquencies? If yes, provide more information below.
- Is there additional information Applicant wants considered?

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Authorization:**

Applicant authorizes Landlord and Landlord’s authorized 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 \$ 85.00 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:**

- (1) Signing this application indicates that Applicant has had the opportunity to review Landlord’s tenant selection criteria, which is available upon request. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history.
- (2) Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this application and forfeiture of any application fee and may be grounds to declare Applicant in breach of any lease the Applicant may sign.
- (3) Applicant represents that the statements in this application are true and complete.
- (4) Applicant is responsible for any costs associated with obtaining information.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

*For Landlord’s Use:*

On \_\_\_\_\_, \_\_\_\_\_ (name/initials) notified  Applicant  \_\_\_\_\_ by  phone  mail  e-mail  fax  in person that Applicant was  approved  not approved. Reason for disapproval: \_\_\_\_\_



**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 1525 Canter Bayou Way  
Houston TX 77043 \_\_\_\_\_ (address, city, state, zip).

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

Sherrie Jackson \_\_\_\_\_ (name)  
4606 FM 1960 W Ste 340 \_\_\_\_\_ (address)  
Houston TX 77069 \_\_\_\_\_ (city, state, zip)  
2815415318 \_\_\_\_\_ (phone) 281-749-8228 \_\_\_\_\_ (fax)  
umbrellarealty1@gmail.com \_\_\_\_\_ (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.*