

# ASTORIA

1409 Post Oak Boulevard  
Houston, TX 77056

## Residential Application Form

Please complete this form carefully and thoroughly. All individuals who intend to reside in the Astoria must submit the requested information. If the Buyer/Lessee is a partnership, trust, corporation, or other business entity, then an application form(s) must also be completed by a partner(s), beneficiary(ies), shareholder(s), or other beneficial owner(s) of such entity who has at least 51% ownership interest in the entity.

**Application Fee: \$500 for the 1<sup>st</sup> applicant; \$250 for each additional applicant 18 years or older\***  
**Orientation Fee: \$250\*\***

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### Applicant:

Name: \_\_\_\_\_ Sex: M F  
Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Alternate Phone Number (if applicable): (\_\_\_\_) \_\_\_\_\_  Home  Business  
Years at this address: \_\_\_\_\_ Rent or Own (Circle one)  
Reason for Leaving: \_\_\_\_\_

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### Co-Applicant: (If more than two applicants 18 years or older, please fill and complete an additional form)

Name: \_\_\_\_\_ Sex: M F  
Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Alternate Phone Number (if applicable): (\_\_\_\_) \_\_\_\_\_  Home  Business  
Years at this address: \_\_\_\_\_ Rent or Own (Circle one)  
Reason for Leaving: \_\_\_\_\_

**OTHER:**

Please answer by circling **Yes** or **No**

	<u>APPLICANT</u>		<u>CO-APPLICANT</u>	
A. Have you ever been convicted or placed on deferred adjudication for an offense that required you to register as a sex offender?	YES	NO	YES	NO
B. Have you ever been convicted of a felony?	YES	NO	YES	NO
C. Do you have a current restraining order for domestic violence issued against you?	YES	NO	YES	NO
D. Are you currently under indictment for any offense at this time?	YES	NO	YES	NO
E. Have you ever been evicted or a defendant in any eviction judgement?	YES	NO	YES	NO

**If you answered "YES" to any of the above, please explain in a confidential letter to the Management Office. Your application will be denied if it meets the criteria for the denial of an application established in the Astoria's Background Check Policy. Any false information will result in an automatic denial of any application. For more information, please contact the Management Office.**

**APPLICANT**

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRESENT EMPLOYMENT:**

Employer: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Annual Income: \_\_\_\_\_  
Phone: \_\_\_\_\_ # of Years: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**CO-APPLICANT**

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRESENT EMPLOYMENT:**

Employer: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Annual Income: \_\_\_\_\_  
Phone: \_\_\_\_\_ # of Years: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL OCCUPANT(S):**

Please list all additional persons who will be occupying the premises, including children, relatives, and other occupants.

- A. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- B. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- C. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**VEHICLES:**

The number of vehicles permitted is approved in accordance to the original unit owner’s purchase contract

Vehicle #1: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Vehicle #2: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**PETS:**

The Astoria’s Pet Policy, found in the Astoria Condominium Owner’s Association Rules and Regulations, includes specific rules and restrictions that must be followed by all pet owners. Please read the policy thoroughly and provide the following information:

Will you or other occupants have a pet(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No Maximum two (2) pets per unit

Pet #1 Type: \_\_\_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_

Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Pet #2 Type: \_\_\_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_

Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

**CORRECT INFORMATION:**

The undersigned represent(s) that all the above statements are true and complete and hereby authorize(s) verification of such information. Any false information given above shall be grounds for rejection of this application, non-return of deposits, and termination of rights of occupancy; and it may constitute a criminal offense under the laws of this State.

Applicant further authorizes the Astoria Condominium Owner’s Association to obtain verification of all information. The Astoria engages the services of a professional firm specializing in through background history. All information may be released to the Astoria Condominium Owner’s Association.

**Applicant Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ Date \_\_\_\_\_

\* **Application Fees:** Non-refundable fees for processing the application and engaging the services of an professional, independent firm to conduct a thorough background check.

\*\* **Orientation Fee:** Fee for orientation to the Astoria’s facilities and services. Refundable if the application is denied or cancelled.



*Managed by Moarefi Management Solutions*