



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: _____ 6910 Krause Dr. Missouri City TX 77489
Anticipated: Move-in Date: _____ Monthly Rent: \$ 2,500 Security Deposit: \$ 2,500
Initial Lease Term Requested: 12 (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 & 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 \$ 50 to Agent (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 6910 Krause Dr. Missouri City TX 77489 _____ (address, city, state, zip).

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

Joyclyn Guidry (name)

6140 Hwy 6 #95 (address)

Missouri City TX 77489 (city, state, zip)

281-435-8988 (phone) _____ (fax)

jguidry@thepetersproperties.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.