



TEXAS APARTMENT ASSOCIATION

M E M B E R

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate application.
Spouses may submit a joint application.

Date when filled out: _____

ABOUT YOU

Full name (exactly as on driver's license or govt. ID card) _____

Your street address (as shown on your driver's license or government ID card): _____

Driver's license # and state: _____

OR govt. photo ID card #: _____

Former last names (maiden and married): _____

Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____ Hair color: _____

Marital Status: single married divorced widowed separated

Are you a U.S. citizen? Yes No Do you or any occupant smoke? yes no

Will you or any occupant have an animal? yes no

Kind, weight, breed, age: _____

Current home address (where you now live): _____

Apt. # _____

City/State/Zip: _____

Home/cell phone: (____) _____ Current rent: \$ _____

Email address: _____

Name of apartment where you now live: _____

Current owner or manager's name: _____

Their phone: _____ Date moved in: _____

Why are you leaving your current residence? _____

Previous home address (most recent): _____

Apt. # _____

City/State/Zip: _____

Apartment name: _____

Name of above owner or manager: _____

Their phone: _____ Previous monthly rent: \$ _____

Date you moved in: _____ Date you moved out: _____

YOUR WORK

Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____

Position: _____

Your gross monthly income is over: \$ _____

Date you began this job: _____

Supervisor's name and phone: _____

Previous employer (most recent): _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____

Position: _____

Gross monthly income was over: \$ _____

Dates you began and ended this job: _____

Previous supervisor's name and phone: _____

YOUR SPOUSE

Full name: _____

Former last names (maiden and married): _____

Spouse's Social Security #: _____

Driver's license # and state: _____

OR govt. photo ID card #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____ Hair color: _____

Are you a U.S. citizen? Yes No

Present employer: _____

Address: _____

City/State/Zip: _____

Work phone: (____) _____ Cell phone: (____) _____

Position: _____

Email address: _____

Date began job: _____ Gross monthly income is over: \$ _____

Supervisor's name and phone: _____

OTHER OCCUPANTS

Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card# and state: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card# and state: _____

Birthdate: _____ Social Security #: _____

Name: _____ Relationship: _____

Sex: _____ DL or govt. ID card# and state: _____

Birthdate: _____ Social Security #: _____

YOUR VEHICLES

List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make, model and color: _____

Year: _____ License #: _____ State: _____

Make, model and color: _____

Year: _____ License #: _____ State: _____

Make, model and color: _____

Year: _____ License #: _____ State: _____

WHY YOU RENTED HERE

Were you referred? Yes No If yes, by whom:

Name of locator or rental agency: _____

Name of individual locator or agent: _____

Name of friend or other person: _____

Did you find us on your own? Yes No If yes, fill in information below:

Internet site: _____

Rental publication: _____ Stopped by

Newspaper (name): _____ Other: _____

