

E-Mail: _____
Your _____

Received on _____ (date) at _____ (time)



FAX TO: 877-874-2807
Application Fee: \$30.00

TEXAS ASSOCIATION OF REALTORS®
APPLICATION FOR RENTAL

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.
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Property Address _____
Contemplated Lease Term _____ Contemplated Move-in Date _____

How was Applicant referred to Landlord? Real Estate Company (name and agent's name) _____
at (phone) _____ Newspaper (name) _____
 Just stopped by Sign Other (explain) _____

Your
Cell Phone: _____

Your
Cell Phone: _____

APPLICANT

CO-APPLICANT

1. Name: _____
Phone: (hm) _____ (wk) _____
Soc. Sec.# _____ Date of Birth _____
Driver Lic. _____ State: _____

1. Name: _____
Phone: (hm) _____ (wk) _____
Soc. Sec.# _____ Date of Birth _____
Driver Lic. _____ State: _____

2. List All Residences For Last 2 Years (start with current residence):

2. List All Residences For Last 2 Years if different from Applicant (start with current residence):

Address _____ Apt. _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
* Landlord or Manager: _____
* Phone: _____ Rent \$ _____

Address _____ Apt. _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
* Landlord or Manager: _____
* Phone: _____ Rent \$ _____

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City, St, Zip _____
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City, St, Zip _____
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Address _____ Apt. _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

3. Current Employer: _____
Address: _____
Supervisor's Name _____
Phone: _____ Mo. Income _____ *
Position _____
Length of Employment _____

3. Current Employer: _____
Address: _____
Supervisor's Name _____
Phone: _____ Mo. Income _____ *
Position _____
Length of Employment _____

Previous Employer: _____
Address: _____
Supervisor's Name _____
Phone: _____ Mo. Income _____ *
Position _____
Dates of Employment _____ (begin) _____ (end)

Previous Employer: _____
Address: _____
Supervisor's Name _____
Phone: _____ Mo. Income _____ *
Position _____
Dates of Employment _____ (begin) _____ (end)

4. Bank at which checking account is located: _____ Phone: _____ Acct No. _____
Bank at which savings account is located: _____ Phone: _____ Acct No. _____

(TAR-2003) 10-01-97

* Required

Page 1 of 2

TAR, P.O. Box 2246, Austin, TX 78768-2246

RE/MAX 5242 Holly Rd, Corpus Christi TX 78411
Phone: 361-994-9393

Fax: _____ Kathy Beaber

T6514645.ZFX

Produced with ZipForm™ by RE FormsNet, LLC 18025 Fifteen Mile Road, Clinton Township, Michigan 48035, (800) 383-9805

Application for Rental Concerning _____ (Property Address)

5. Name all other persons who will occupy the Property:
Name: _____ Relationship _____ Age _____
Name: _____ Relationship _____ Age _____
Name: _____ Relationship _____ Age _____

6. Will any waterbeds or water filled furniture be in the Property? [] Yes [] No
Will any occupant smoke in the dwelling? [] Yes [] No Will Applicant maintain a renter's insurance policy? [] Yes [] No

7. List all vehicles to be parked on the Property (cars, trucks, trailers, recreational vehicles, motorcycles, boats, etc.):
Type _____ Year _____ Make _____ License No./State _____
Type _____ Year _____ Make _____ License No./State _____
Type _____ Year _____ Make _____ License No./State _____

8. Will there be any pets on the Property? [] Yes [] No Number of Pets _____
Type: _____ Breed: _____
Weight: _____ Age: _____ Gender: _____
Neutered? _____ Declawed? _____ Rabies Shot Current? _____
Other (e.g. fish, birds, reptiles, etc.) and explain manner in which kept: _____

9. Write Yes (Y) or No (N): Has Applicant or any other occupant ever: been evicted? _____ ; filed bankruptcy? _____ ; lost property due to foreclosure? _____ ; had any credit problems? _____ ; been convicted of a felony? _____ . If the answer to any of the preceding questions is Yes, explain (attach additional sheets if necessary) _____

10. If Applicant is a member of the Armed Forces: Has Applicant requested or received military orders transferring Applicant within one year? [] Yes [] No Is Applicant presently serving temporary orders limiting Applicant's stay to one year or less? [] Yes [] No

11. Will any person be signing a Lease Guaranty? [] Yes [] No Name _____
Relationship _____ Phone (hm) _____ (wk) _____ (fax) _____
Address _____ City, State, Zip _____

12. In case of emergency, notify _____
Relationship _____ Phone (hm) _____ (wk) _____
Address _____ City, State, Zip _____

13. Additional Information

Representation: Applicant and Co-Applicant represent that the above statements are true and complete. Providing false information is grounds for rejection, termination of a lease, and retention of money tendered to Landlord as liquidated damages.

Authorization: Applicant and Co-Applicant authorize Landlord or Landlord's broker to: (1) obtain a copy of any consumer or credit report related to this application; and (2) verify any rental history, employment history, or any other information related to this application; and (3) discuss information in the consumer report with Landlord and Landlord's broker.(4) Run background check.

Fees and Deposits: Applicant has submitted with this Application the following to Landlord:
[] (a) a non-refundable fee of _____ to Landlord for processing and reviewing this Application.
[] (b) a non-refundable fee of _____ for processing and reviewing information related to the lease guaranty.
[] (c) an Application Deposit of _____ in accordance with the attached Agreement for Application Deposit.

Applicant's Signature _____ Co-Applicant's Signature _____

FOR LANDLORD'S USE ONLY
1. Applicant was notified of [] approval; [] non-approval on (date): _____
by [] telephone, [] U.S. Mail, [] fax, [] in person.
2. Names of persons to whom above notice was actually given _____
by _____