



TEXAS APARTMENT ASSOCIATION

MEMBER

# Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate Application.

## ABOUT YOU

Full name (exactly as it appears on driver license or govt. ID card) \_\_\_\_\_

Former name (if applicable) \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

**The email address provided in this Application will be used for notices under the Lease, including electronic notices authorized under the lease or as otherwise allowed by law, unless you later update it in writing to us.**

Marital status  single  married U.S. citizen?  yes  no Do you or does any occupant smoke?  yes  no

I am applying for the apartment located at \_\_\_\_\_

Is there another co-applicant?  yes  no

Co-applicant name \_\_\_\_\_ Email \_\_\_\_\_

Co-applicant name \_\_\_\_\_ Email \_\_\_\_\_

Co-applicant name \_\_\_\_\_ Email \_\_\_\_\_

Co-applicant name \_\_\_\_\_ Email \_\_\_\_\_

## OTHER OCCUPANTS

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_

Government ID # \_\_\_\_\_ State (if applicable) \_\_\_\_\_

## WHERE YOU LIVE

Current home address (where you live now) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you  rent or  own? Beginning date of residency: \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Apartment name \_\_\_\_\_

Name of owner or manager \_\_\_\_\_

Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Fill out if you have been at your current address for less than five years.**

Previous home address (most recent) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you  rent or  own? Dates: From \_\_\_\_\_ To \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Apartment name \_\_\_\_\_

Name of owner or manager \_\_\_\_\_

Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## YOUR WORK

Current employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Beginning date of employment \_\_\_\_\_

**YOUR WORK, continued**

Gross monthly income \$ \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Fill out if you have been with your current employer for less than five years.**

Previous employer (most recent) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Gross monthly income \$ \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**

**(Income must be verified to be considered.)**

Type \_\_\_\_\_ Source \_\_\_\_\_ Gross monthly amount \$ \_\_\_\_\_

Type \_\_\_\_\_ Source \_\_\_\_\_ Gross monthly amount \$ \_\_\_\_\_

**CREDIT HISTORY**

If applicable, please explain any past credit problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RENTAL AND CRIMINAL HISTORY**

**Check only if applicable.**

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been convicted or received probation for a felony, sex crime, or any crime against persons or property?

Please indicate below the year, location, and type of each felony, sex crime, or any crime against persons or property for which you were convicted or received probation. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. \_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FIND US?**

Online search (website address) \_\_\_\_\_

Referral from a person or locator? Name \_\_\_\_\_

Social media (please be specific) \_\_\_\_\_

Other \_\_\_\_\_

**EMERGENCY CONTACT**

**Emergency contact person over 18 who will not be living with you:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more)  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

**YOUR VEHICLES**

**(If applicable)**

**List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_



signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement.

3. **Fees due.** Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees:
- A. Application fee (non-refundable): \$ 19.00
  - B. Application deposit (may or may not be refundable) \$ \_\_\_\_\_
4. **Completed Application.** Your Application will not be considered "complete" and will not be processed until we receive the following documentation and fees:
- A. Your fully filled out and signed Application and any documents required by our rental criteria, such as proof of income.
  - B. Fully filled out and signed Applications for each co-applicant (if applicable);
  - C. Application fees for all applicants;
  - D. Application deposit.

### Authorization and Acknowledgment

I authorize Pine Club Apartments, LP

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after residency on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this Application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Application. Authority to obtain work history information expires 365 days from the date of this Application. You agree the information provided may be used for business purposes.

### Payment Authorization

I authorize Pine Club Apartments, LP

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

**Non-sufficient funds and dishonored payments.** If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- 1. Applicant shall pay a charge of \$ 45.00 for each returned payment; and
- 2. We reserve the right to refer the matter for criminal prosecution.

### Acknowledgment

You declare that all your statements in this Application are true and complete. Giving false information is a **Class B Misdemeanor**, punishable by up to 6 months in county jail and a \$2000 fine. **Applicant's submission of this Application, including payment of any fees and deposits, is being done only after applicant has fully investigated, to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit.** You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees as liquidated damages for our time and expense, and terminate your right of occupancy.** In lawsuits relating to the Application or Lease, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

**Right to review the Lease.** Before you submit an Application or pay any fees or deposits, you have the right to review the Application and Lease, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed Application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed.

Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding availability, unit characteristics or other questions, please call or visit our office.

**Foreign Leasing Restriction (SB 17; Texas Property Code § 5.253):** By submitting this application, you represent that you are not prohibited from leasing real property in Texas pursuant to Section 5.253 of the Texas Property Code. *(This restriction applies only to certain persons from China, North Korea, Iran, and Russia, and is subject to change under applicable law.)*

**This Application and the Lease are binding documents when signed. Before submitting an Application or signing a Lease, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties.**

Applicant's signature

Date

**FOR OFFICE USE ONLY**

- 1. Apt. name or dwelling address (street, city): \_\_\_\_\_ Unit # or type: \_\_\_\_\_
- 2. Person accepting application: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Person processing application: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Date that the applicant or co-applicant was notified  by telephone,  by letter,  by email, or  in person of  acceptance or  nonacceptance: \_\_\_\_\_  
*(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)*
- 5. Name of person or persons notified (if there are more than one applicant, at least one of them must be notified): \_\_\_\_\_
- 6. Name of owner's representative who notified the applicant: \_\_\_\_\_

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

# Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: \_\_\_\_\_

- Supplemental Information.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
- Employment Update.** Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

- Household Composition.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above?  Yes  No. Does anyone plan to live with you in the future who is not listed above?  Yes  No. If you answered "Yes" to any question, please explain: \_\_\_\_\_

Are you a veteran?  Yes  No **Important Information for Former Military Services Members.** Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

Are any of the household members listed above: Foster persons?  Yes  No Live-in attendants?  Yes  No

Were any of the names listed above students in the year this application was completed?  Yes  No. Do any of them plan to be students in the year this application is completed?  Yes  No. If you answered "Yes" to either question, please explain: \_\_\_\_\_

- Income.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18 who are dependents of another household member).

Gross Monthly Income Source: <small>Indicate whether anyone in your household receives income from the following</small>		Applicant	Co-Applicant	Other Household Members	Total
Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Supplemental Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Pensions, Retirement Funds, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Sources of Child Support:					
• Court-ordered (regardless if paid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
• Voluntary payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
• Anticipated payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Student Financial Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		\$	\$	\$	\$
<b>TOTAL \$</b>					

- Assets.** List all assets of all adults and persons in your household, including those under the age of 18.

Does anyone in the household own any non-necessary personal property, including, but not limited to items such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), bank accounts, financial investments, recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income, and luxury items?  Yes  No

If yes, please list the value of all non-necessary personal property below. If a specific item is not listed please include it under the "other assets" section with a description and value.

Listing of All Assets		Cash Value	Annual Interest, Dividends or Rent	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Cash Value					
Tax Return in Last 12 Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		\$	\$		

- Rental Assistance.** Do you receive any type of federal, state, or local government rental assistance?  Yes  No. If yes, please explain: \_\_\_\_\_
- Asset Verification.** Have you disposed of any assets for less than fair market value in the last two years preceding the date of this application?  Yes  No.
- Certification.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept.
- Recertification.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application