

# Rental Application for Residents & Occupants

Each co-resident and each occupant (including spouses & domestic partners) over 18 must submit a separate application.

**ABOUT YOU** Full name as shown on your driver's license or ID card \_\_\_\_\_

Your street address as shown on your driver's license or ID card \_\_\_\_\_

Driver's License # and state \_\_\_\_\_  
 Former last names (maiden and married) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Sex \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_  
 Marital status  single  married  divorced  widowed  separated  
 US Citizen?  Yes  No Do you or any occupant smoke?  Yes  No  
 Do you have a cat?  Yes  No De-clawed?  Yes  No

**CURRENT HOME** Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cellular phone \_\_\_\_\_  
 Email address \_\_\_\_\_  
 I own my current home  I live rent-free with \_\_\_\_\_  
 I rent I began renting on \_\_\_\_\_  
 Name of apartment where you live now \_\_\_\_\_  
 Manager's name \_\_\_\_\_ Monthly rent \_\_\_\_\_  
 Owner/Mgr's phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Why are you leaving your residence? \_\_\_\_\_

**PREVIOUS HOME** Address \_\_\_\_\_

I owned my previous home  I lived rent-free with \_\_\_\_\_  
 I rented I began renting on \_\_\_\_\_ Moved out on \_\_\_\_\_  
 Name of apartment where you previously lived \_\_\_\_\_  
 Manager's name \_\_\_\_\_ Monthly rent \_\_\_\_\_  
 Owner/Mgr's phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Why did you leave your previous residence? \_\_\_\_\_

**CURRENT WORK** Employer \_\_\_\_\_

Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Work phone \_\_\_\_\_ Work fax \_\_\_\_\_  
 Position \_\_\_\_\_ Date hired \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Monthly salary \_\_\_\_\_  
 Supervisor's work phone if different from yours \_\_\_\_\_

**PREVIOUS WORK** Employer \_\_\_\_\_

Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Work phone \_\_\_\_\_ Position \_\_\_\_\_  
 Date job began \_\_\_\_\_ Date job ended \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Monthly salary \_\_\_\_\_  
 Supervisor's work phone if different from yours \_\_\_\_\_

**CREDIT HISTORY** Bank name & city \_\_\_\_\_

Account number \_\_\_\_\_  
 Credit card #1: Name & number \_\_\_\_\_  
 Credit card #2: Name & number \_\_\_\_\_  
 Credit card #3: Name & number \_\_\_\_\_

Please use separate page to explain any past credit problems

**YOUR VEHICLES** List all cars or motorcycles to be parked by you or any co-occupant. (No trailer or boat storage, please.)

Make & color of vehicle \_\_\_\_\_  
 Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 Make & color of vehicle \_\_\_\_\_  
 Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**RENTAL/CRIMINAL HISTORY** Please check all that apply: Have you, your spouse, or any occupant listed in this application ever:

been evicted or ask 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 charged, detained, or arrested for a felony or sex crime that was resolved by conviction, deferred adjudication, or court-ordered community service?  been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any methods?

On a separate sheet, please indicate the year, location, and type of felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. *You represent the answer is "no" to any item not checked above.*

**OTHER OCCUPANTS** Names of all persons younger than 18 and other adults who will occupy the apartment without signing the lease.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Sex \_\_\_\_\_ DL # or ID card # \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Sex \_\_\_\_\_ DL # or ID card # \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Sex \_\_\_\_\_ DL # or ID card # \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Somebody referred you? Name \_\_\_\_\_  
 Apartment locator service? Name \_\_\_\_\_  
 Internet? Site \_\_\_\_\_  
 Saw a sign? Where? \_\_\_\_\_  
 Saw an advertisement? Where? \_\_\_\_\_  
 Saw a newspaper or magazine story? Where? \_\_\_\_\_  
 Other \_\_\_\_\_

**EMERGENCY** Emergency contact person who will not live with you.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Work phone \_\_\_\_\_ Home phone \_\_\_\_\_  
 Cellular phone / pager \_\_\_\_\_ Relationship \_\_\_\_\_

If you die or are seriously ill, missing, or are incarcerated according to an affidavit from (check one or more)  the above person,  your spouse or domestic partner,  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 is authorized at our option. If you are seriously ill or injured, you authorize us to call an ambulance at your expense. We are not legally obligated to do so.

**AUTHORIZATION**

I authorize GOOD SPACE to verify the above information by all available means, including reports from consumer reporting agencies before, during, and after tenancy on matters relating to my lease, and income history and other information reported by employers to any state employment security agency (e.g., Texas Workforce Commission). Authority to obtain work history information expires 365 days from the date of this application.

Applicant's signature \_\_\_\_\_

Date application filled out \_\_\_\_\_

