

## TEXAS ASSOCIATION OF REALTORS®

## RESIDENTIAL LEASE APPLICATION

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Each occupant and co-applicant 18 years or older must submit a separate application.

Anticipated: Move-in Date:	Property Address:				
Applicant's name (first, middle, last)	Anticipated: Move-in Date:	: Monthly Rent: \$	Secu	urity Deposit: \$	
Newspaper   Sign   Internet   Other	Applicant was referred to Landlord	by:			
Newspaper   Sign   Internet   Other	Real estate agent		(name)		(phone)
Is there a co-applicant?	☐ Newspaper ☐ Sign ☐ □	Internet 🔲 Other			
Is there a co-applicant?	Annlicant's name (first_middle_las	t)			
Applicant's former last name (maiden or married)	le there a co applicant?	yes Dino If yes co-annie	cant must submit a son	arato annlication	
E-mail	Applicant's former last nan	ne (maiden or married)	ant must submit a sep	arate application.	
Work Phone         Mobile/Pager           Soc. Sec. No.         Driver License No.         in	E mail	ne (maiden of married)	Home Phone		
Emergency Contact: Name:	Work Phone		Home Frione Mobile/Pager		
Emergency Contact: Name:	Soc Sec No	Driver License I	Wobile/i agei	in	(state)
Emergency Contact: Name:	Date of Rirth	Height M	10 /eight	Eve Color	(3idic)
Emergency Contact: Name:	Hair Color Marita	rieigiit w	Citizenshin	_ Lye Coloi	(country)
Name all other persons who will occupy the Property:   Name:	Marite		OIUZCIIOTIIP _		(00011117)
Name all other persons who will occupy the Property:   Name:	Emergency Contact: Name:				
Name all other persons who will occupy the Property:   Name:	Address:				
Name all other persons who will occupy the Property:   Name:	Phone:	F-mail·			
Name:         Relationship:         Age:           Apt. No.         (city, state, zip)           Landlord's Name:         Email:         Fax:           Date Moved-In         Move-Out Date         Rent \$           Reason for move:         Apt. No.         (city, state, zip)           Previous Landlord's Name:         Email:         Fax:           Date Moved-In         Date Moved-Out         Rent \$           Reason for move:         Applicant's Current Employer:         (street, city, state, zip)           Applicant's Current Employer:         Address:         (street, city, state, zip)           Supervisor's Name:         Phone:         Fax:	1 Hone				
Name:         Relationship:         Age:           Apt. No.         (city, state, zip)           Landlord's Name:         Email:         Fax:           Date Moved-In         Move-Out Date         Rent \$           Reason for move:         Apt. No.         (city, state, zip)           Previous Landlord's Name:         Email:         Fax:           Date Moved-In         Date Moved-Out         Rent \$           Reason for move:         Applicant's Current Employer:         (street, city, state, zip)           Applicant's Current Employer:         Address:         (street, city, state, zip)           Supervisor's Name:         Phone:         Fax:	Name all other persons who will or	ccupy the Property:			
Name:         Relationship:         Age:           Name:         Relationship:         Age:           Name:         Relationship:         Age:           Applicant's Current Address:         Relationship:         Age:           Applicant's Name:         Email:         Fax:           Phone: Day:         Nt:         Mb:         Fax:           Date Moved-In         Move-Out Date         Rent \$           Reason for move:         Apt. No.         (city, state, zip)           Previous Landlord's Name:         Email:         Fax:           Date Moved-In         Date Moved-Out         Rent \$           Reason for move:         Aptlicant's Current Employer:         (street, city, state, zip)           Applicant's Current Employer:         Address:         (street, city, state, zip)           Supervisor's Name:         Phone:         Fax:			Relationship:		Age:
Name:	Name:				
Name:					
Applicant's Current Address:         Apt. No.           Landlord's Name:         Email:           Phone: Day:         Nt:         Mb:         Fax:           Date Moved-In         Move-Out Date         Rent \$           Reason for move:         Apt. No.         (city, state, zip)           Previous Landlord's Name:         Email:         Fax:           Date Moved-In         Date Moved-Out         Rent \$           Reason for move:         Rent \$         (street, city, state, zip)           Applicant's Current Employer:         Address:         (street, city, state, zip)           Supervisor's Name:         Phone:         Fax:					
City, state, zip)   Landlord's Name:					.90.
City, state, zip)   Landlord's Name:	Applicant's Current Address:			Apt. No	)
Phone: Day:					(city, state, zip)
Phone: Day:         Nt:         Mb:         Fax:           Date Moved-In         Move-Out Date         Rent \$           Reason for move:         Apt. No.           Apt. No.         (city, state, zip)           Previous Landlord's Name:         Email:           Phone: Day:         Nt:         Mb:         Fax:           Date Moved-In         Date Moved-Out         Rent \$           Reason for move:         Address:         (street, city, state, zip)           Supervisor's Name:         Phone:         Fax:	Landlord's Name:		Email:		_
Reason for move:	Phone: Day:	Nt:	 Mb:	Fax:	
Reason for move:	Date Moved-In	Move-Out Date	Re	ent \$	
City, state, zip)   Previous Landlord's Name:	Reason for move:				
City, state, zip)   Previous Landlord's Name:	Applicant's Dravious Address.			A m t A	la.
Previous Landlord's Name: Email:	Applicant's Previous Address				
Phone: Day:         Nt:         Mb:         Fax:           Date Moved-In         Date Moved-Out         Rent \$           Reason for move:	Draviava Landlard'a Nama				_ (City, State, Zip)
Date Moved-In	Previous Landiord's Name:	A#	Email:		
Reason for move:	Priorie. Day:	NC	MD:	Fax:	
Applicant's Current Employer:		Date Moved-Out	Re	ent \$	
Address: (street, city, state, zip) Supervisor's Name: Phone: Fax:	Reason for move:				
Address: (street, city, state, zip) Supervisor's Name: Phone: Fax:	Applicant's Current Employer:				
Supervisor's Name: Phone: Fax: Fax:				(stre	et, city, state, zip)
E-mail:	•	Phone:			
	•				
		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.

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CAL Ventures, Inc 2807 Allen Street #625 Dallas, TX 75204 Fax: 972-602-3719 Phone: 214.335.1889

Application

Residential Lease Application concerning						
Applicant's Previous Employer:						
Address:			(street, city, state, zip)			
Address:Supervisor's Name:	Phone:	Fax: _				
E-mail: to to	Cross Monthly Income	· r	- cition:			
Employed fromtoto	Gross Monthly Income:	. \$P	osition:			
Describe other income Applicant wants considered	l:					
List all vehicles to be parked on the Property: <u>Type</u> Year  Make	<u>Model</u>	License/State	Mo.Pymt.			
List all pets to be kept on the Property (dogs, cats, l Type & Breed Name Color Weig	ht Age <u>Gender</u> <u>Ne</u>	her pets):  utered?	no 🔲 yes 🔲 no			
Will any waterbeds or water-filled furniture be on the Does anyone who will occupy the Property smoke? Will Applicant maintain renter's insurance? Is Applicant or Applicant's spouse, even if separate If yes, is the military person serving under orders the military person's stay to one year or less? Has Applicant ever:  been evicted?  been asked to move out by a landlord?  breached a lease or rental agreement?  filed for bankruptcy?  lost property in a foreclosure?  had any credit problems, slow-pays or delinquer been convicted of a crime?  Is any occupant a registered sex offender?  Are there any criminal matters pending against any Is there additional information Applicant wants considered.	d, in military?		lanation			

Authorization: Applicant authorizes Landlord and Landlord's 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.

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Residential Lease Application concerning					
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 \$ for processing and reviewing this application and (check only one box if applicable):  [] (1) \$ to be applied to the security deposit upon execution of a lease or returned to Applicant if a lease is not executed.  [] (2) an Application Deposit of \$ in accordance with the attached Agreement for Application Deposit and Hold on Property (TAR No. 2009 or similar agreement).					
<ol> <li>Acknowledgement &amp; Representation:         <ul> <li>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.</li> <li>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.</li> </ul> </li> <li>Applicant represents that the statements in this application are true and complete.</li> </ol>					
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:					

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## AUTHORIZATION TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT

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I,		(Applicant), have submitted an application			
to leas	e a property located at	(address, city, state, zip).			
	ndlord, broker, or landlord's representative is:				
		(name)			
		(address)			
	(phone)	(city, state, 21p) (fax) (e-mail)			
I give r	my permission:				
(1)	to my current and former employers to release any information about the above-named person;	ut my employment history and income history to			
(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 omy mortgage payment history to the above-named person;	or have owned to release any information about			
(4)	my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the bove-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.				
Applica	ant's Signature Da	nte .			
Note:	Any broker gathering information about an applicant acts unde	er specific instructions to verify some or all			

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of the information described in this authorization. The broker maintains a privacy policy which is available upon

request.