APARTMENT RENTAL APPLICATION

Texan Ranch Apartments / Oakhaven

Please fill out all fields accurately. Incomplete applications may not be processed.

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Phone Number: _____

Email Address: _____

FORWARDING ADDRESS FOR DEPOSIT REFUND (if different):

Address: _____

City: _____ State: _____ ZIP: _____

EMPLOYMENT INFORMATION

Employer: _____

Job Title: _____

Work Phone: _____

Monthly Income: $_____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

PET INFORMATION

☐ No Pets

☐ Yes — If yes, please describe below:

Type/Breed: _____

Weight: _____ lbs

Age: _____

Spayed/Neutered? ☐ Yes ☐ No

VEHICLE INFORMATION

Make/Model: _____

Year: _____

Color: _____

License Plate #: _____

State: _____

OTHER OCCUPANTS

List all persons who will live in the apartment:

Name(s) & Relationship: _____

_____

APPLICANT SIGNATURE

I certify that the information provided above is true and correct. I understand this application does not guarantee approval or tenancy.

Signature: _____

Date: _____