



## RESIDENTIAL LEASE APPLICATION

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

Property Address: \_\_\_\_\_  
Anticipated: Move-in Date: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_  
Initial Lease Term Requested: \_\_\_\_\_ (months)

Property Condition: Applicant ☐ has ☐ has not viewed the Property in-person prior to submitting this application.

**Applicant is strongly encouraged to view the Property in-person prior to submitting any application.**

Landlord makes no express or implied warranties as to the Property's condition. Applicant requests Landlord consider the following repairs or treatments should Applicant and Landlord enter into a lease: \_\_\_\_\_

Applicant was referred to Landlord by:

☐ Real estate agent \_\_\_\_\_ (name) \_\_\_\_\_ (phone) \_\_\_\_\_ (e-mail)  
☐ Newspaper ☐ Sign ☐ Internet ☐ Other \_\_\_\_\_

Applicant's name (first, middle, last) \_\_\_\_\_

Is there a co-applicant? ☐ yes ☐ no ***If yes, co-applicant must submit a separate application.***

Applicant's former last name (maiden or married) \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Driver License No. \_\_\_\_\_ in \_\_\_\_\_ (state)  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_  
Hair Color \_\_\_\_\_ Marital Status \_\_\_\_\_

Emergency Contact: *(Do not insert the name of an occupant or co-applicant.)*

Name and Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name all other persons who will occupy the Property:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Applicant's Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
(city, state, zip)

Landlord or Property Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: Day: \_\_\_\_\_ Nt: \_\_\_\_\_ Mb: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Moved-In \_\_\_\_\_ Move-Out Date \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reason for move: \_\_\_\_\_

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Applicant's Previous Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
(city, state, zip)

Landlord or Property Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: Day: \_\_\_\_\_ Nt: \_\_\_\_\_ Mb: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Moved-In \_\_\_\_\_ Move-Out Date \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reason for move: \_\_\_\_\_

Applicant's Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (street, city, state, zip)  
Employment Verification Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Start Date: \_\_\_\_\_ 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.*

Applicant's Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (street, city, state, zip)  
Employment Verification Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_  
*Note: Applicant is responsible for including the appropriate contact information for employment verification purposes.*

Describe other income Applicant wants considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all vehicles to be parked on the Property:

Type	Year	Make	Model	License Plate No./State	Mo.Pymnt.

Will any animals (dogs, cats, birds, reptiles, fish, and other types of animals) be kept on the Property? [ ] yes [ ] no

If yes, list all pets to be kept on the Property:

Type & Breed	Name	Color	Weight	Age in Yrs.	Gender	Neutered?	Bite History?	Rabies Shots Current?	Assistance Animal?
						[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N
						[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N
						[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N
						[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N	[ ] Y [ ] N

If any of the animals listed above are assistance animals, please provide appropriate documentation with a reasonable accommodation request for the assistance animal(s).

Yes	No	
[ ]	[ ]	Will any waterbeds or water-filled furniture be on the Property?
[ ]	[ ]	Does anyone who will occupy the Property smoke?
[ ]	[ ]	Will Applicant maintain renter's insurance?
[ ]	[ ]	Is Applicant or Applicant's spouse, even if separated, in military?
[ ]	[ ]	If yes, is the military person serving under orders limiting the military person's stay to one year or less?

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Has Applicant ever:

<input type="checkbox"/>	<input type="checkbox"/>	been evicted?
<input type="checkbox"/>	<input type="checkbox"/>	been asked to move out by a landlord?
<input type="checkbox"/>	<input type="checkbox"/>	breached a lease or rental agreement?
<input type="checkbox"/>	<input type="checkbox"/>	filed for bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	lost property in a foreclosure?
<input type="checkbox"/>	<input type="checkbox"/>	been convicted of a crime? If yes, provide the location, year, and type of conviction below.
<input type="checkbox"/>	<input type="checkbox"/>	Is any occupant a registered sex offender? If yes, provide the location, year, and type of conviction below.
<input type="checkbox"/>	<input type="checkbox"/>	had <u>any</u> credit problems, slow-pays or delinquencies? If yes, provide more information below.
<input type="checkbox"/>	<input type="checkbox"/>	Is there additional information Applicant wants considered?

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

**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.

**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 \$ \_\_\_\_\_ to \_\_\_\_\_ (entity or individual) for processing and reviewing this application. Applicant ☐ submits ☐ will not submit an application deposit of \$ \_\_\_\_\_ to be applied to the security deposit upon execution of a lease or returned to Applicant if a lease is not executed.

**Acknowledgement & Representation:**

- (1) 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.
- (2) 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.
- (3) Applicant represents that the statements in this application are true and complete.
- (4) Applicant is responsible for any costs associated with obtaining information.

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: \_\_\_\_\_



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

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I, \_\_\_\_\_ (Applicant), have submitted an application  
to lease a property located at \_\_\_\_\_  
\_\_\_\_\_ (address, city, state, zip).

The landlord, broker, or landlord's representative is:

\_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone) \_\_\_\_\_ (fax)  
\_\_\_\_\_ (e-mail)

I give my permission:

- (1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- (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 or have owned to release any information about my mortgage payment history to the above-named person;
- (4) to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Note: Any broker gathering information about an applicant acts under specific instructions to verify some or all of the information described in this authorization. The broker maintains a privacy policy which is available upon request.*



## AUTHORIZATION TO OBTAIN CONSUMER REPORT

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I, the undersigned consumer, grant and give my permission and authorization to \_\_\_\_\_ to request and obtain no more than one (1) copy of my consumer report (commonly known as a credit report) from each of the following consumer reporting agencies: \_\_\_\_\_.

I understand that the consumer report may be used to determine my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, as authorized by the Fair Credit Reporting Act.

I authorize any owner, landlord, lender, or broker involved in my real estate transaction to discuss among themselves the information in the consumer report.

I understand that the person authorized to obtain my consumer report: (1) may not give to me a copy of my consumer report; and (2) may not reveal the specific contents of the consumer report to me.

I understand that I am to contact the consumer reporting agency directly for a copy of my consumer report.

I release the above named person(s) from any claims, liabilities, and damages resulting from or furnishing information. A copy of this authorization and release shall be valid as the original.

This authorization shall expire at 11:59 p.m. on \_\_\_\_\_.

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Consumer's Printed Name

\_\_\_\_\_  
Consumer's Printed Name

\_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Date

\_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Date

\_\_\_\_\_  
Consumer's Address

\_\_\_\_\_  
Consumer's Address

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

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

\_\_\_\_\_  
Consumer's Prior Address

\_\_\_\_\_  
Consumer's Prior Address

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

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