



2913 OVERLAND TRAIL - SUITE 100
 SHERMAN, TX 75092
 (903) 813-1415

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____
 PROPERTY _____
 APT # _____ RENTS _____
 AGENT _____

Please complete all requested information on the front and back of this form. Thank you for your interest in our property.

Date of Application _____ Desired Date of Occupancy _____ Property Address _____

PERSONAL INFORMATION

APPLICANTS FULL NAME _____ DATE OF BIRTH _____

Social Security No. _____ Driver's License No./ State _____

E-mail _____ Phone Number _____ Cell Phone _____

CO-APPLICANT'S FULL NAME _____ DATE OF BIRTH _____

Social Security No. _____ Driver's License No./ State _____

E-mail _____ Phone Number _____ Cell Phone _____

ALL OTHER RESIDENTS

Full Name _____ Relationship _____ Date of Birth _____

Full Name _____ Relationship _____ Date of Birth _____

Full Name _____ Relationship _____ Date of Birth _____

Full Name _____ Relationship _____ Date of Birth _____

How many pets do you own _____

Kind of Pet, Breed, Weight, and Age _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Dates From _____ To _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Dates From _____ To _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

CO-APPLICANTS EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____
 Checking Acct. No. _____ Savings Acct. No. _____
 Loan Acct. No. _____ Monthly Payment \$ _____

CREDIT REFERENCE _____ Telephone _____
 Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____
 Address _____ Account No. _____

OTHER REFERENCE _____ Telephone _____
 Address _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Other Car, Motorcycle, etc. _____

Total Gross Monthly Household Income \$ _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we would contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____
 Amount \$ _____ Per _____ Source _____ Telephone _____

Comments: _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
 Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No
 Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

EMERGENCY CONTACTS

Name _____ Address _____
 Relationship _____ Home Phone _____ Work Phone _____
 Name _____ Address _____
 Relationship _____ Home Phone _____ Work Phone _____

I hereby make application for a rental unit and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord/Mortgage	
<input type="checkbox"/> Previous Landlord/Mortgage	
<input type="checkbox"/> Present Employment	
<input type="checkbox"/> Previous Employment	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit Information	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
DATE	DESCRIPTION	AMOUNT
THIS APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
Date _____		
By _____		
Anticipated Move-In Date _____		

INCLUDE COPY OF DRIVERS LICENSE