

Received on _____ (date) at _____ (time)



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.

Property Address: **5822 Shreveport Dr, Austin, TX 78727-7044**

Anticipated: Move-in Date: _____ Monthly Rent: \$ **1,595.00** Security Deposit: \$ **1,595.00**

Initial Lease Term Requested: _____ (months)

Property Condition: **Applicant is strongly encouraged to view the Property 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 **Nancy Taute** (name) **(512)497-5940** (phone) **nancy@dochenrealtors.com** (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/Pager _____

Soc. Sec. No. _____ Driver License No. _____ in _____ (state)

Date of Birth _____ Height _____ Weight _____ Eye Color _____

Hair Color _____ Marital Status _____ Citizenship _____ (country)

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

Name: _____

Address: _____

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: _____

Applicant's Previous Address: _____ Apt. No. _____

(city, state, zip)

Landlord or Property Manager's Name: _____ Email: _____

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)
Supervisor's Name: _____ 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)
Supervisor's Name: _____ Phone: _____ Fax: _____
E-mail: _____
Employed from _____ to _____ Gross Monthly Income: \$ _____ Position: _____

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 pets (dogs, cats, birds, reptiles, fish, and other pets) 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?	Declawed?	Rabies Shots Current?	Bite History?
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any waterbeds or water-filled furniture be on the Property?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone who will occupy the Property smoke?
<input type="checkbox"/>	<input type="checkbox"/>	Will Applicant maintain renter's insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant or Applicant's spouse, even if separated, in military?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, is the military person serving under orders limiting the military person's stay to one year or less?
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	had <u>any</u> credit problems, including any outstanding debt (e.g., student loans or medical bills), slow-pays or delinquencies?
<input type="checkbox"/>	<input type="checkbox"/>	been convicted of a crime?
<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"/>	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 \$ **50.00** to **Patrick Huddelston** (entity or individual) for processing and reviewing this application. Applicant ☒ submits ☐ will not submit an application deposit of \$ **\$1,595.00** 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.

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: _____



TEXAS ASSOCIATION OF REALTORS®

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 5822 Shreveport Dr, Austin, TX 78727-7044

(address, city, state, zip).

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

Dochen Realtors (name)

4501 Spicewood Springs #1035 (address)

Austin, Tx 78759 (city, state, zip)

(512)345-2227 (phone) (512)233-2847 (fax)

joseph@dochenrealtors.com; caroline@dochenrealtors.com (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.