



# RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).  
Please fill out this form **COMPLETELY** and sign where indicated.

## PERSONAL INFORMATION

FIRST NAME	Kenneth	MIDDLE	Wayne	LAST	Welch	S.S.#	453-27-2594
DATE OF BIRTH	11/30/65	MARITAL STATUS	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since <input type="checkbox"/> DIVORCED Since			DRIVER'S LICENSE #	41075252
PHONE	903-624-0714	<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	-	EXT.	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL KennethWelsh7394@gmail.com
PRESENT HOME ADDRESS				CITY/STATE/ZIP			
1005 Leeper Dr				Denneth Denison Texas 75020			
LENGTH OF TIME	PRESENT LANDLORD			LANDLORD PHONE			
	Cynthia Anderson			903-744-0369			
REASON FOR LEAVING	Full House			AMOUNT OF RENT	Is your present rent up to date? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
				50.00 week			
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP			
LENGTH OF TIME	PREVIOUS LANDLORD			LANDLORD PHONE			
REASON FOR LEAVING				AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS HOME ADDRESS				CITY/STATE/ZIP			
LENGTH OF TIME	NEXT PREVIOUS LANDLORD			LANDLORD PHONE			
REASON FOR LEAVING				AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## PROPOSED OCCUPANT(S)

NAME	Cynthia Anderson	RELATIONSHIP	Sister	OCCUPATION	disabled	AGE	54
NAME	Nicole Anderson	RELATIONSHIP	Niece	OCCUPATION	Don't know	AGE	30
NAME	Aimee Anderson	RELATIONSHIP	Niece	OCCUPATION	None	AGE	26
NAME	Shirley Horton	RELATIONSHIP	Friend	OCCUPATION	None	AGE	
NAME		RELATIONSHIP		OCCUPATION		AGE	

## PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

## VEHICLE(S) INFORMATION

YEAR	2001	MAKE	Buick	MODEL	Century	COLOR	green	PLATE #	1HCC7066	STATE	Texas
YEAR		MAKE		MODEL		COLOR		PLATE #		STATE	

## EMPLOYMENT

CURRENT EMPLOYER	Gibson Construction	OCCUPATION	labor	HOURS/WEEK	40 week
SUPERVISOR		PHONE	903-209-9101	EXT:	
ADDRESS		CITY/STATE/ZIP			
CURRENT EMPLOYER		OCCUPATION		HOURS/WEEK	
SUPERVISOR		PHONE	-	EXT:	
ADDRESS		CITY/STATE/ZIP			

## INCOME

CURRENT INCOME \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO





# RENTAL APPLICATION

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Please fill out this form **COMPLETELY** and sign where indicated.

## CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

## EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT <i>Cynthia Anderson</i>	PHONE <i>903-744-0389</i>	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP	
EMERGENCY CONTACT	PHONE -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP	
PERSONAL REFERENCE	PHONE -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP	
PERSONAL REFERENCE	PHONE -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP	

## APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.  
All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

x

APPLICANT SIGNATURE

DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

## NOTES:





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## PERSONAL INFORMATION

FIRST NAME <i>John</i>	MIDDLE <i>Westley</i>	LAST <i>Thedford</i>	S.S.# <i>467-43-4703</i>
DATE OF BIRTH <i>4/16/76</i>	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____	DRIVERS LICENSE # <i>K08312331</i>	STATE <i>OK</i>
PHONE <i>903-819-2273</i>	<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - -	EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK
PRESENT HOME ADDRESS <i>1005 Keeper Dr.</i>		CITY/STATE/ZIP <i>Denison TX 75020</i>	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS <i>1047 Star St.</i>		CITY/STATE/ZIP <i>Denison TX 75020</i>	
LENGTH OF TIME <i>1 Yr</i>	PREVIOUS LANDLORD <i>Shirley</i>	LANDLORD PHONE <i>903-327-3022</i>	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## PROPOSED OCCUPANT(S)

NAME <i>Shirley Horton</i>	RELATIONSHIP <i>Mother</i>	OCCUPATION <i>None</i>	AGE <i>66</i>
NAME <i>Cindy Anderson</i>	RELATIONSHIP <i>Friend</i>	OCCUPATION <i>Mother</i>	AGE
NAME <i>Aimee Anderson</i>	RELATIONSHIP <i>Friend</i>	OCCUPATION <i>Mother</i>	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
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## VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

## EMPLOYMENT

CURRENT EMPLOYER <i>Gibson Construction</i>	OCCUPATION <i>Labor</i>	HOURS/WEEK <i>40 week</i>
SUPERVISOR	PHONE <i>903-209-9101</i>	EXT: YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - -	EXT: YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

## INCOME

CURRENT INCOME <i>\$360.00</i>	<input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CURRENT INCOME \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO





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CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

## EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT <i>Shirley Horton</i>	PHONE <i>903-327-3022</i>	<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION <i>Mother</i>	ADDRESS <i>1047 Star St</i>		CITY/STATE/ZIP <i>Denison TX 75020</i>		
EMERGENCY CONTACT	PHONE -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP		
PERSONAL REFERENCE	PHONE -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP		
PERSONAL REFERENCE	PHONE -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE -	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY/STATE/ZIP		

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x *[Signature]* APPLICANT SIGNATURE *1-14-2017* DATE

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### NOTES: