



RESIDENTIAL AMERICA, LLC

Application

PERSONAL INFORMATION

Full name of applicant		Home phone number		Date of birth		Age	
Social Security #	Drivers license #	State issued	Marital status (check one) Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/>	Age (Number of years)			
Full name of co-applicant		Date of birth		Age			
Social Security #	Drivers license #	State issued					

List all others who will be occupying the apartment

Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant
Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant
Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant
Name	Date of birth	Age	Soc. Sec. #	Relationship to Applicant

HOUSING INFORMATION

If additional space is needed, please attach a separate page. MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.

**A P P L I C A N T**

Applicant's Present Address (check one)	<input type="checkbox"/> Apartment	<input type="checkbox"/> Leased Home	<input type="checkbox"/> Own Home	<input type="checkbox"/> Other:
Present Street Address	Apt. #	City	State and Zip	
Present landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / To: /		
Address of landlord/mortgage company	#	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.				
Applicant's Previous Address (check one)	<input type="checkbox"/> Apartment	<input type="checkbox"/> Leased Home	<input type="checkbox"/> Own Home	<input type="checkbox"/> Other:
Present Street Address	Apt. #	City	State and Zip	
Present landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / To: /		
Address of landlord/mortgage company	#	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.				

**C O - A P P L I C A N T**

Co-Applicant's Present Address (check one)	<input type="checkbox"/> Apartment	<input type="checkbox"/> Leased Home	<input type="checkbox"/> Own Home	<input type="checkbox"/> Other:
Present Street Address	Apt. #	City	State and Zip	
Present landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / To: /		
Address of landlord/mortgage company	#	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.				
Co-Applicant's Previous Address (check one)	<input type="checkbox"/> Apartment	<input type="checkbox"/> Leased Home	<input type="checkbox"/> Own Home	<input type="checkbox"/> Other:
Present Street Address	Apt. #	City	State and Zip	
Present landlord/mortgage company	Monthly rent or mortgage \$	Dates: From: / To: /		
Address of landlord/mortgage company	#	Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.				



RESIDENTIAL  
AMERICA, LLC

### Application

<b>APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION</b>		Where did you hear about us?
Number of bedrooms needed?	Date you are needing an apartment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be or are you currently receiving Section 8 rental assistance? If 'yes' list Agency Name, contact person and phone number.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any member of your household violated Section 8 guidelines rendering your Section 8 assistance ineligible?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anyone living with you now who won't be living with you at this property?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect any additions to your household within the next twelve months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any absent household members who under normal conditions would live with you?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does an adult of this household have primary physical custody of every child listed on this application?	Not Applicable <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not - Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your household have or anticipate having any pets other than those used as service animal? Describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application filed for bankruptcy?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain (provide dates):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been convicted of a felony or misdemeanor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or any one else named on this application required to register as a sex offender?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application broken a rental agreement or lease contract?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been sued for property damage?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>MISCELLANEOUS INFORMATION</b>		
How many autos would you keep at this property?		
Make	Model	Year
		Color
		License # and State
In case of emergency, notify:	Work phone #	Home phone #
		Relationship to Applicant
In case of emergency, notify:	Work phone #	Home phone #
		Relationship to Co-Applicant
Street Address:	City/State/Zip:	In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.

**APPLICATION FEE & SIGNATURE CLAUSE (For Landlord Purposes Only)**

Applicant submits the sum of \$ \_\_\_\_\_ which is a non-refundable processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before Management will process it. I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports, and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit/fee as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by financial obligations only. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Lessor's Representative \_\_\_\_\_ Date \_\_\_\_\_



RESIDENTIAL AMERICA, LLC

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: \_\_\_\_\_

\_\_\_ INITIAL CERTIFICATION

\_\_\_ RE-CERTIFICATION

\_\_\_ OTHER

WORK TELEPHONE NUMBER: ( ) \_\_\_\_\_

HOME TELEPHONE NUMBER: ( ) \_\_\_\_\_

ARE YOU A SECTION 8 RECIPIENT? YES \_\_\_ NO \_\_\_

INCOME INFORMATION

YES \_\_\_ NO \_\_\_

MONTHLY GROSS INCOME

(use net income from business)

<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	MONTHLY GROSS INCOME (use net income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: Name and address of Employer 1. _____ _____	1. \$ _____ 2. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive social security/SSI payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments. I am currently receiving child support payments. If yes, from how many persons do you receive support? _____ I am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. (Circle One) If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____

ASSET INFORMATION

	INTEREST RATE	CASH VALUE
<input type="checkbox"/>	Account # _____	\$ _____
<input type="checkbox"/>	1) _____ %	\$ _____
	2) _____ %	\$ _____



<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1) _____ 2) _____	Account # _____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable/irrevocable trust(s). (Circle One) If yes, list bank(s) 1) _____	_____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____	_____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names: 1) _____ 2) _____ 3) _____	_____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). (Circle One) If yes, list sources/bank names: 1) _____ 2) _____ 3) _____	_____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. (Circle One) If yes, list bank(s): 1) _____ 2) _____	_____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole/term life insurance policy: (Circle One) If yes, how many policies _____	_____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____	_____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____	_____% _____%	\$ _____ \$ _____

<input type="checkbox"/>	<input type="checkbox"/>	Are you currently a full time student in the last 12 months or expect to be a full time student in the next 12 months? (IF YOU MARKED "NO", PLEASE STOP AND SIGN BELOW)
<input type="checkbox"/>	<input type="checkbox"/>	Living with an adult(18+) who is not a full time student.
<input type="checkbox"/>	<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
<input type="checkbox"/>	<input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program or receive a Grant.
<input type="checkbox"/>	<input type="checkbox"/>	Married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual

Name of Institution \_\_\_\_\_ Phone Number \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT \_\_\_\_\_ SIGNATURE OF APPLICANT/TENANT \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) \_\_\_\_\_ DATE \_\_\_\_\_



# Tenant Release and Consent

This form should be completed and signed by all adult household members before obtaining verifications.

<b>Head of Household Last Name</b>	<b>Apartment Number</b>
------------------------------------	-------------------------

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The group or individuals that may be asked to release the above information include, but are not limited to:

- |  |  |                              |
|--|--|------------------------------|
| Past and Present Employers             | Welfare Agencies                                       | Veterans Administrations     |
| Support and Alimony Providers          | State Unemployment Agencies                            | Retirement Systems           |
| Educational Institutions               | Social Security Administration                         | Medical/Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | Utility Providers            |

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The /original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

### SIGNATURES

_____	Applicant/Resident	_____ (Print Name)	_____ Date
_____	Co/Applicant/Resident	_____ (Print Name)	_____ Date
_____	Adult Member	_____ (Print Name)	_____ Date
_____	Adult Member	_____ (Print Name)	_____ Date
_____	Apartment Name	_____ Contact	_____ Phone

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**