

SK Properties  
Leasing Rental Criteria

We are delighted that you are interested in leasing your new home at our apartment community. In order to help you in making your decision, we have listed below the criteria for qualifying as a resident with us.

1. A separate rental application must be fully completed, dated, and signed by each applicant and all co-applicants. All applicants must be at least 18 years of age. Spouses can complete one rental application. An application fee of **\$35.00** must accompany each application, **\$35.00** for an individual or **\$50** for a married couple. In roommate situations each roommate is required to pay an application fee with each application. Application fees are non-refundable.
2. We offer the following lease terms: 7 and 13 month lease terms, on 7<sup>th</sup> months leases there will be a \$25 upcharge. Occasionally we will consider other shorter lease terms; however we require a \$100 up charge on those leases. Shorter term leases require the approval of the Portfolio Manager of SK Properties.
3. The deposit (holding fee) must be paid with the application and is non-refundable once you have been notified that your application has been approved.
4. The rental application will be reviewed at the time of submission to ensure we have all information needed to determine your eligibility it can take between 2 to 3 days depending on the information provided.
5. **Employment and monthly income must be verifiable at 2.5 times the rental amount.**
  - a. **6 months verifiable employment required**  
**3 to 4 recent check stubs.**
  - b. **6 months verifiable rental history required in good standing.**
    - o Applicant (s) may be denied occupancy for the following reasons:
    - o Falsification of application by any applicant
    - o Incomplete application by any applicant
    - o Insufficient income (total of all applicants)
    - o Criminal conviction history of violent or sexual crime committed by an applicant or by other occupants (including children) who plan to live in the unit.

**Poor rental history will keep you from qualifying for any specials.**

- o Any outstanding balances with any landlord.
- o Evictions, Broken Leases.

Attached are our current price sheet and deposit requirements for each unit type/size.

6. We do not discriminate on the basis of race, color, creed, religion, sex, national origin, disability or family status. We comply with all Fair Housing laws.

7. All payments for application fee, deposits, rent, utilities, etc. must be paid by money order, check or cashier's check. We do not accept cash.

**I HAVE READ AND UNDERSTAND THE ABOVE RENTAL CRITERIA**

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Applicant Signature Date

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Co-Applicant Signature Date

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Co-Applicant Signature (3) Date

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Co-Applicant Signature (4) Date

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Owner's Representative Date

07092011017801tx10080350

Date when filled out: \_\_\_\_\_

**ABOUT YOU** Full name (exactly as on driver's license or govt. ID card) \_\_\_\_\_

Your street address (as shown on your driver's license or government ID card): \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_  
OR govt. photo ID card #: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Marital Status:  single  married  divorced  widowed  separated  
Are you a U.S. citizen?  Yes  No Do you or any occupant smoke?  yes  no  
Will you or any occupant have an animal?  yes  no  
Kind, weight, breed, age: \_\_\_\_\_

Current home address (where you now live): \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/cell phone: (\_\_\_\_) \_\_\_\_\_ Current rent: \$ \_\_\_\_\_

Email address: \_\_\_\_\_

Name of apartment where you now live: \_\_\_\_\_

Current owner or manager's name: \_\_\_\_\_

Their phone: \_\_\_\_\_ Date moved in: \_\_\_\_\_

Why are you leaving your current residence? \_\_\_\_\_

Previous home address (most recent): \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Apartment name: \_\_\_\_\_

Name of above owner or manager: \_\_\_\_\_

Their phone: \_\_\_\_\_ Previous monthly rent: \$ \_\_\_\_\_

Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

**YOUR WORK** Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Your gross monthly income is over: \$ \_\_\_\_\_

Date you began this job: \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

Previous employer (most recent): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Gross monthly income was over: \$ \_\_\_\_\_

Dates you began and ended this job: \_\_\_\_\_

Previous supervisor's name and phone: \_\_\_\_\_

**YOUR CREDIT HISTORY** Your bank's name, city, state: \_\_\_\_\_

List major credit cards: \_\_\_\_\_

Other non-work income you want considered. Please explain: \_\_\_\_\_

Past credit problems you want to explain. (Use separate page.) \_\_\_\_\_

**YOUR RENTAL/CRIMINAL HISTORY** You must check if applicable. Have you, your spouse, or any occupant listed in this Application ever:  been evicted or asked to move out?  moved out of a dwelling before the end of the lease term without the owner's consent?  declared bankruptcy?  been sued for rent?  been sued for property damage?  been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?  been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

**YOUR SPOUSE** Full name: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_  
OR govt. photo ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over: \$ \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

**OTHER OCCUPANTS** Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**YOUR VEHICLES** List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make, model and color: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make, model and color: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make, model and color: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**WHY YOU RENTED HERE** Were you referred?  Yes  No. If yes, by whom:

Name of locator or rental agency: \_\_\_\_\_

Name of individual locator or agent: \_\_\_\_\_

Name of friend or other person: \_\_\_\_\_

Did you find us on your own?  Yes  No If yes, fill in information below:

Internet site: \_\_\_\_\_

Rental publication: \_\_\_\_\_  Stopped by

Newspaper (name): \_\_\_\_\_  Other: \_\_\_\_\_

**EMERGENCY** Emergency contact person over 18, who will not be living with you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If you die or are seriously ill, missing, or incarcerated according to an affidavit of [check one or more]  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

**AUTHORIZATION** I or we authorize (owner's name) \_\_\_\_\_

**SK Properties LLC.**

to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Applicant's signature \_\_\_\_\_

Spouse's signature \_\_\_\_\_

**Contemplated Lease Contract Information**

*To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.*

The TAA Lease Contract to be used must be the latest version of (check one):  the Apartment Lease,  the Residential Lease, or  the Condominium/Townhome Lease, unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the contract will contain the following information:

- Names of all residents who will sign Lease Contract \_\_\_\_\_
- Name of Owner/Lessor SK Properties LLC.
- Property name and type of dwelling (bedrooms and baths) \_\_\_\_\_
- Complete street address 7201 Spencer Hwy  
City/State/Zip Pasadena, TX 77505
- Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) \_\_\_\_\_
- Total number of residents and occupants \_\_\_\_\_
- Our consent necessary for guests staying longer than 1 days;
- Beginning date and ending date of Lease Contract \_\_\_\_\_
- Number of days notice for termination 60 ;
- Total security deposit \$ \_\_\_\_\_ ; Animal deposit \$ \_\_\_\_\_
- # of keys/access devices for 2 unit, 1 mailbox, 1 other Mail; do
- Total monthly rent for dwelling unit \$ \_\_\_\_\_
- Rent to be paid:  at the onsite manager's office;  through our online payment site;  at \_\_\_\_\_
- Prorated rent for:  first month or  second month \$ \_\_\_\_\_
- Late charges due if rent is not paid on or before 3 ;
- Initial late charge \$ 50.00 ; Daily late charge \$ 10.00 ;
- Returned-check charge \$ 50.00 ;
- Animal violation charges: Initial \$ 100.00 ; Daily \$ 10.00 ;
- Check if the dwelling is to be furnished;
- Utilities paid by owner (check all that apply):  electricity,  gas,  water,  wastewater,  trash,  cable TV,  master antenna,  Internet,  other utilities \_\_\_\_\_ ;
- Utility connection charge \$ \_\_\_\_\_ ;
- You are (check one):  required to buy insurance or  not required to buy insurance;
- Agreed reletting charge \$ \_\_\_\_\_ ;
- Security deposit refund check will be by : (check one)  
 one check jointly payable to all residents (default), OR  
 one check payable and mailed to \_\_\_\_\_ ;
- Your move-out notice will terminate Lease Contract on (check one):  
 last day of month, or  exact day designated in move-out notice;
- If dwelling unit is house or duplex, owner will be responsible under paragraph 26 of the Lease Contract for  lawn/plant maintenance,  lawn/plant watering,  picking up trash from grounds,  lawn/plant fertilization,  trash receptacles. If not checked, applicant will be responsible. The applicant will be responsible for the first \$ \_\_\_\_\_ of each repair.
- Special provisions regarding parking, storage, etc. (see attached page, if necessary): \_\_\_\_\_

**Application Agreement**

1. **Lease Contract Information.** The Lease Contract contemplated by the parties is attached--or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.
2. **Application Fee (may or may not be refundable).** You have delivered to our representative an application fee in the amount indicated in paragraph 14 below, and this payment partially defrays the cost of administrative paperwork.
3. **Application Deposit (may or may not be refundable).** In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. *The application deposit is not a security deposit.* However, it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 10 if you are not approved; OR it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7, or fail to answer any question or give false information.
4. **Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
5. **Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
6. **If You Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone, or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.*
7. **If You Withdraw Before Approval.** You and any co-applicants may not withdraw your Application or the application deposit. *If, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.*
8. **Completed Application.** An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked):  a separate Application has been fully filled out and signed by you and each co-applicant;  an application fee has been paid to us;  an application deposit has been paid to us. *If no item is checked, all are necessary for the Application to be considered completed.*
9. **Nonapproval in Seven Days.** We will notify you whether you've been approved within seven days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.
10. **Refund after Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within \_\_\_\_\_ days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
11. **Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
12. **Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. **Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
14. **Receipt.** Application fee (may or may not be refundable): \$ \_\_\_\_\_  
Application deposit (may or may not be refundable): \$ \_\_\_\_\_  
Administrative fee (refundable only if not approved): \$ \_\_\_\_\_  
Total of above fees and application deposit: \$ \_\_\_\_\_  
Total amount of money we've received to this date: \$ \_\_\_\_\_
15. **Signature.** *Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.*

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Important medical information in emergency: \_\_\_\_\_

**Acknowledgment.** You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. You acknowledge that you had an opportunity to review our rental selection criteria, which include reasons your application may be denied, such as criminal history, credit history, current income, and rental history. You understand that if you do not meet our rental selection criteria or if you fail to answer any question or give false information, we may reject the application, retain all application fees, administrative fees, and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

**Right to Review the Lease.** Before you submit an application or pay any fees or deposits, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after it is fully signed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

1. Apt. name or dwelling address (street, city): SK Properties LLC. Unit # or type: \_\_\_\_\_
2. Person accepting application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
3. Person processing application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
4. Date that applicant or co-applicant was notified by  telephone,  letter, or  in person of  acceptance or  nonacceptance: \_\_\_\_\_  
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): \_\_\_\_\_
6. Name of owner's representative who notified above person(s): \_\_\_\_\_

Supplemental Rental Application for Units  
Under Government Regulated  
Affordable Housing Programs

Date: \_\_\_\_\_  
(when this Application is filled out)

1. SUPPLEMENTAL INFORMATION. The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. EMPLOYMENT UPDATE. Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

3. HOUSEHOLD COMPOSITION. List all persons, including yourself, who will be living in your household.

| Number of Persons     | Full Name | Relationship | Age | Student Status   |
|-----------------------|-----------|--------------|-----|--|
| 1 (Head of Household) |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 2                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 3                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 4                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 5                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 6                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |

Does anyone live with you now who is not listed above?  Yes  No. Does anyone plan to live with you in the future who is not listed above?  Yes  No. If you answered "Yes" to any question, please explain: \_\_\_\_\_

Are any of the household members listed above: Foster children?  Yes  No Live-in attendants?  Yes  No

4. ANNUAL INCOME. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

| Gross Monthly Income Source: Indicate whether anyone in your household receives income from the following                         | Applicant | Co-Applicant | Other Household Members | Total |
|---|-----------|--------------|-------------------------|-------|
| Salary <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No | \$        | \$           | \$                      | \$    |
| Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Workers' Compensation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Sources of Child Support:   |           |              |                         |       |
| • Court-ordered (regardless if paid) <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | \$        | \$           | \$                      | \$    |
| • Voluntary payments <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| • Anticipated payments <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)   | \$        | \$           | \$                      | \$    |
| <b>TOTAL</b>  |           |              |                         | \$    |

5. ASSETS. List all assets of all adults and persons in your household, including those under the age of 18.

| Listing of All Assets  | Cash Value | Annual Interest, Dividends or Rent from Assets | Name of Financial Institution or Description of Asset | Account Number |
|--|------------|--|---|----------------|
| Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No             | \$         | \$   |   |                |
| Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No              | \$         | \$   |   |                |
| Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No         | \$         | \$   |   |                |
| Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$         | \$   |   |                |
| Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No             | \$         | \$   |   |                |
| IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No              | \$         | \$   |   |                |
| Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No         | \$         | \$   |   |                |
| Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No                      | \$         | \$   |   |                |
| Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No              | \$         | \$   |   |                |
| Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No | \$         | \$   |   |                |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)                | \$         | \$   |   |                |

6. CERTIFICATION. By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.

7. RECERTIFICATION. If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application



**TENANT RELEASE AND CONSENT**

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 groups 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 and 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**

|                                |                       |                |
|--------------------------------|-----------------------|----------------|
| _____<br>Applicant/Resident    | _____<br>(Print Name) | _____<br>Date  |
| _____<br>Co/Applicant/Resident | _____<br>(Print Name) | _____<br>Date  |
| _____<br>Adult Member          | _____<br>(Print Name) | _____<br>Date  |
| _____<br>Adult Member          | _____<br>(Print Name) | _____<br>Date  |
| _____<br>Apartment Name        | _____<br>Contact      | _____<br>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.