

WEST TEXAS RENTALS

This information is sought to assure the most responsible residents possible and to assist the management in case of emergency. Your cooperation is appreciated.

1. Applicant's full name _____ Contact Phone # _____

2. Date of Birth _____ Marital Status _____

3. Present employer and phone number _____

4. Monthly income \$ _____ Paid Monthly _____ Bi-weekly _____ Weekly _____

5. Kind of work and how long _____

6. Spouse's full name _____ Date of Birth _____

7. Present employer and phone number _____

8. Monthly income \$ _____ Paid Monthly _____ Bi-weekly _____ Weekly _____

9. List name, age and relationship of all persons to be occupying the premises:

10. Credit References:

Name	Address	Phone
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11. Bank _____

12. Personal References

Name	Address	Phone
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13. Have you ever been evicted: () Yes () No

14. Have you or your spouse ever been sued for non-payment of rent or damages of rental property: () Yes () No

15. Emergency Contact: Name _____

Address _____

Telephone _____ Relationship _____

16. Vehicle Make & Model _____ Year _____ License # & State _____

17. Applicant Driver's License Number _____ State _____

18. Spouse Driver's License Number _____ State _____

19. Social Security #: Applicant: _____ Spouse: _____

CORRECT INFORMATION

The undersigned persons represent that all of the above statements are true and complete and hereby authorize verification of such information. False information given above entitle owner to (1) reject this application, (2) retain the application fee and (3) terminate occupants right of occupancy.

Applicant's signature

Spouse's signature