Property Address:

Anticipated: Move-In Date: Monthly Rent: $ Security Deposit: $

Property Condition: **Applicant is strongly encouraged to view property prior to submitting any application.**

Landlord makes no express or implied warranties as to the Property’s conditions. Applicant requests Landlord consider the following repairs or treatments should applicant and Landlord enter into agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant was referred to Property by:

\_\_ Real Estate Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*email address)*

\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Sign: ­\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants name (first, middle, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s former name (maiden or married) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers Lic. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_

Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*country)*

Emergency Contact: (*do not list occupant or co-applicant*)

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Date Moved-In: Move-Out Date:

Rent $ Reason for move:

Applicant’s Previous Address: Apt. No.

(*city, state, zip*)

Previous Landlord or Property Manager’s Name:

Email: Phone:

Date Move-In: Move-Out Date: Rent $

Reason for move:

Applicant’s Current Employer:

Address: (*street, city, state, zip*)

Supervisor’s Name: Phone:

Email:

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:

Email:

Employed to Gross Monthly Income: Position:

Describe the income Applicant wants considered:

List all Vehicles to be parked on the Property:

Type Year Make Model Lic/State 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 Gender Neutered? Declawed? Rabies Current?

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Yes No

\_\_\_ \_\_\_ Will any waterbeds or water-filled furniture be on the Property?

\_\_\_ \_\_\_ Does anyone who will occupy the Property smoke?

\_\_\_ \_\_\_ Will Applicant maintain renter’s insurance?

\_\_\_ \_\_\_ Is Applicant or Applicant’s spouse, even if separated, in military?

If yes, is the military person serving under orders limiting the military person’s stay to one year or less?

Has Applicant ever:

\_\_\_ \_\_\_ been evicted?

\_\_\_ \_\_\_ been asked to move out by a landlord?

\_\_\_ \_\_\_ breached a lease or rental agreement?

\_\_\_ \_\_\_ filed for bankruptcy?

\_\_\_ \_\_\_ lost property in a foreclosure?

\_\_\_ \_\_\_ had *any* credit problems (including any outstanding debt (e.g., student loans or medical bill),

slow-pays or delinquencies?

\_\_\_ \_\_\_ been convicted of a crime?

\_\_\_ \_\_\_ Is any occupant a registered sex offender?

\_\_\_ \_\_\_ Are there any criminal matters pending against any occupant?

\_\_\_ \_\_\_ Is there additional information Applicant wants considered? Page 2 of 4

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 partied an 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** to **Woodland Creek, LLC.** (entity) for processing and reviewing this application.

**Acknowledgment & 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 Page 3 of 4

*For Landlord’s Use:*

*On , (name/initials) notified*

*\_\_\_ Applicant \_\_\_ by \_\_\_ phone \_\_\_ mail \_\_\_ email \_\_\_ in person that Applicant was \_\_\_ approved \_\_\_ not approved. Reason for disapproval:*

Woodland Creek, LLC

**APARTMENT LEASE APPLICATION**

**AUTHORIZATION TO OBTAIN TO RELEASE INFORMATION RELATED TO A RESIDENTIAL LEASE APPLICANT**

Each applicant and co-applicant 18 years or older must complete a separate application

I, (Applicant), have submitted an application to lease a property located at 17905 US HWY 69S, Tyler, TX. 75703 .

The landlord or landlord’s representative is:

Hannah Clark – Woodland Creek Rentals

17905 US HWY 69S

(903)371-7548

[woodlandcreekrentals@gmail.com](mailto:woodlandcreekrentals@gmail.com)

I give 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 the above-named person to obtain a copy of my consumer/credit report from any consumer reporting agency and to obtain background information about me.

Applicant’s Signature Date

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Woodland Creek, LLC

**APARTMENT LEASE APPLICATION**

**AUTHORIZATION TO OBTAIN CONSUMER REPORT**

Each applicant and co-applicant 18 years or older must complete a separate application

I, the undersigned consumer, grant and give permission and authorization to Woodland Creek, LLC. to request and obtain no more than one (1) copy of my consumer report/credit report from designated consumer reporting agency.

I understand that the consumer report may be used to determine my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, as authorized by the Fair Credit Reporting Act.

I authorize any owner or landlord in this transaction to discuss among themselves the information in the consumer report.

I understand that the person authorized to obtain my consumer report: (1) may not give to me a copy of my consumer report; and (2) may not reveal the specific contents of the consumer report to me.

I understand that I am to contact the consumer reporting agency directly for a copy of my consumer report.

I release the above named person(s) from any claims, liabilities, and damages resulting from or furnishing information. A copy of this authorization and release shall be valid as the original.

This authorization will expire at **11:59 pm 30 days** from date signed.

Consumer’s Signature Consumer’s Signature

Consumer’s Printed Name Consumer’s Printed Name

Soc. Sec. No. Date Soc. Sec. No. Date

Consumer’s Address Consumer’s Address

City, State, Zip City, State, Zip

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